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The Canadian Nurses Association

General Meeting, 1930

"To encourage mutual understanding and unity among associations of trained nurses in the Dominion of Canada," appears as the first object for organisation in the Constitution of the Canadian Nurses Association. Each gathering together of the National Association demonstrates that with certainty and acceleration this objective is being accomplished, and at no time has this been more evidenced than at the Fifteenth General Meeting held in Regina, Saskatchewan, from June 24th to 28th, 1930.

Those five days will long be carried in memory by all who were fortunate enough to attend the first national meeting held in Canada's youngest Province. Numerous factors contributed toward the success of the entire meeting, some of which must have special mention: The convenience of being able to have accommodation for practically all sessions, exhibits, registration and information offices on the same floor of the Hotel Saskatchewan; the courtesy of the hotel management; the marvellous way in which a small provincial organisation of nurses—the Saskatchewan Registered Nurses Association—planned and put into operation all local arrangements; ideal weather, and an interested representative group of enthusiastic nurses led by a president who won general admiration for her tact, geniality and energy as presiding officer.

The Open Meeting

It has been the custom of the C.N.A. to have one or more guest speakers of outstanding reputation at a session of the General Meeting open to the public, but at no time has there been brought together in one evening three speakers whose addresses represent an epoch in Canadian nurses' lives as did those on Wednesday evening, June 25th.

The Public Health Section had been fortunate in having Dr. Edith Bryan, Assistant Professor of Nursing at the University of California, come to Regina, when she spoke on "Opportunities for Public Health Teaching in the Generalised Public Health Programme." The rapt attention of her audience must have conveyed to the speaker the interest, appreciation and delight with which this address was received.

After graduating as a nurse, Dr. Bryan obtained the degree Doctor of Philosophy and has specialised in Public Health Nursing.

Another speaker on that memorable evening was Miss Ethel Johns, a Canadian nurse and a former secretary of the C.N.A. for three years. Five years ago Miss Johns resigned her position as Assistant Professor of Public Health Nursing at the University of British Columbia to become a member of the Division of Studies of the Rockefeller Foundation. During that time Miss Johns was in Europe, and following her return a year ago she was appointed Director of Studies, Committee on Nursing Organisation of the New York Hospital.

Indulging in allegory, Miss Johns spoke on "A Sense of Values," thus bringing the mental attitude of her audience to a most receptive mood

for Dr. G. M. Weir's address entitled "Fact, Fiction and Opinion." These two addresses are published in this number of the Journal.

Dr. Weir's first address was given on Tuesday evening, following the banquet, when the subject was "The Nurse and the Public." This paper is also published in this number. Both Dr. Weir's talks were based on his experience and findings at that date as Director of the Survey on Nursing Education in Canada.

After listening to these two addresses, Canadian nurses can rest assured that the *Survey* is being made under the expert guidance of a Director who is attempting to gain a thorough understanding of present-day conditions.

Space does not permit any further remarks, but it is hoped that every subscriber will not only read "A Sense of Values," by Miss Johns, and these two papers by Dr. Weir, but see that the same are brought to the attention of other nurses.

Before concluding the report of the open meeting, mention must be made of the rather admirable way in which the speakers were introduced. The President, Miss Hersey, opened the session with a few brief remarks, during which she introduced the speakers, then later each spoke in turn without any further remarks from the Chair.

Business Sessions

The proceedings of the Association were dealt with at four business sessions, the opening one of which was held on Tuesday afternoon, June 24th. The President, Miss M. F. Hersey, was in the chair and after calling the Fifteenth General Meeting of the Canadian Nurses Association to order, she introduced His Worship Mayor McAra, of Regina, who being unable to be present at the banquet that evening, arranged to be present to extend a cordial welcome to the C.N.A. at this time.

In her presidential address, Miss Hersey reviewed the activities of the Association during the past two years and stressed the principal factors demanding serious consideration of the C.N.A., the sum total of which means a nursing service to meet the changing needs and demands of the sick patient and the public as a whole.

The report of the Executive Secretary outlined the major interests of the Association as carried on at the National Office where there has been a continuous increase in the development and expansion of national nursing activities.

The President's address and Executive Secretary's report are published in this issue.

Other reports received at the first session were those of Standing Committees and the financial statements for the years 1928 and 1929.

Official delegates from the nine provincial associations and twenty-three other affiliated organisations responded to the Roll Call.

On Wednesday morning, June 25th, at a largely attended session, the reports of the special committees were presented and discussed.

The Survey

One of the principal reports was that from the Joint Study Committee for the Survey of Nursing Education.

The report recommended that in order the *Survey* may be continued to completion the C.N.A. decide in general meeting for the financing of the same.

Following discussion of the report and recommendation, the delegates voted in favour of the C.N.A. pledging itself to finance the *Survey* to completion.

The report prepared by the Secretary, Miss Jean Browne, was read by

Miss Jean Gunn, Chairman. A vote of thanks was passed expressing the appreciation of the C.N.A. to its representatives on the Joint Study Committee.

Dual Membership

Another very important decision reached was made after Miss F. H. M. Emory had presented the report of the Committee on Dual Membership. For over three years this committee has been investigating and collecting information on this subject. Representatives from all provincial associations spoke in favour of doing away with dual membership. Also those from a number of Alumnaes or Local Graduate Nurses Associations spoke in favour of the change in membership. The very few in favour of continuance of the present plan pledged the willingness of the organisations they represented to co-operate in carrying out the decision of the meeting.

When a standing vote was taken there was only one dissenting delegate who then gave consent and the vote was made unanimous: that is, that membership in the C.N.A. is now through the nine provincial Associations of Registered Nurses.

Pooling of Travelling Expenses

The subject of the pooling of travelling expenses of delegates to general meetings which had been tabled at the previous biennial meeting was again brought up for consideration. The decision arrived at was that the principle of pooling of travelling expenses be endorsed, the plan to include members of the Executive Committee and not more than three delegates from each provincial Association.

National Enrolment

Miss Jean Gunn, in the absence of Miss Jean Browne, read the report of the C.N.A. representatives on the Joint Committee for the National Enrolment of Nurses for service in time of disaster, etc. Provincial representatives were asked to report on the progress made with the enrolment, which is being made through the provincial associations of nurses in co-operation with the provincial branches of the Canadian Red Cross. Reference was made by several to problems arising with the enrolment and Miss Gunn advised that any difficulties experienced should be referred to the National Committee.

Crest for C.N.A.

When the Nurses Memorial was placed in the Hall of Fame, Parliament Buildings, Ottawa, a space was left for the engraving of the C.N.A. Crest. Miss Marjorie Dobie, of Montreal, was appointed Convener of a Committee to obtain designs from which a crest should be chosen. Miss Dobie drew nine illustrations which were submitted to the delegates at the General Meeting. Their decision was unanimously in favour of one of the designs, although it must have been difficult to make a definite choice as the nine designs showed exceptional creative and artistic ability. The Convener of the former National Memorial Committee, Miss Jean Gunn, consented on request to convene as many members of that committee as necessary to make arrangements for the engraving of the Crest on the Memorial. As soon as heraldic regulations governing the adoption of a crest have been complied with, a reproduction of the Crest will be published in the *Journal*.

Grand Council, I.C.N.

Miss Ruby M. Simpson presented a comprehensive, interesting report of the meetings of the Grand Council of Nurses, 1929. This report as well as those from special committees are published in full in this issue. Miss Simpson had referred to the proposed Florence Nightingale Memorial, Miss M. F. Gray, the C.N.A. representative on a Memorial Committee appointed by the I.C.N. explained that it had been planned to hold a meeting of the Committee in London, England, in June, at which time there was to be considered a proposal to purchase Miss Nightingale's old home in London. The delegates then passed a resolution to the effect that should the purchase of Miss Nightingale's

former home be decided upon by the Committee, the C.N.A. will endorse the decision and support the project.

Before commencing the business of the Thursday morning session the President announced that she had granted permission to Miss McLelland, Secretary of the Society for the Prevention of Blindness and of the Canadian National Institute for the Blind to briefly address the meeting on the work of these organisations.

Report on The Canadian Nurse

Following this address and the report of *The Canadian Nurse*, the meeting was resolved into a committee of the whole for discussion of the *Journal*. Upon the resuming of the general session, a committee was appointed to consider the questions raised in the report on the *Journal* and by the resolution from the Registered Nurses Association of the Province of Quebec.

The committee appointed, composed of: Miss G. M. Fairley, Convener; Miss M. P. Campbell, E. Auger, R. M. Simpson, J. Gunn, C. Ferguson, M. F. Campbell and F. H. M. Emory, met several times and presented a report at the closing session on Saturday. The recommendations then submitted and approved were:

1. That after the Crest has been decided upon, the decision as to the change of cover for the *Journal* be left to the Executive Committee of the C.N.A.

2. That for the coming two years the office remain in Winnipeg and, that the question be considered again at the next Biennial Meeting.

3. That a temporary assistant to the Executive Secretary be appointed, whose duties shall be the editorial work in connection with the magazine and such other duties as may be assigned by the Executive Secretary in connection with either the *Journal* or the National Office.

4. It was further recommended that the permanent policy should be the employment of a full-time Editor and that the Executive Committee be empowered to take action in the matter when it is deemed advisable.

By-Laws Amended

Following the decision of the delegates to abolish the plan of dual membership in the C.N.A., a committee appointed by the Executive on June 24th proceeded to revise the By-Laws as necessary. The amendments presented by the committee and adopted by the delegates are:

1. That Article 1, Section 1, of the By-Laws be amended to read: Membership in the Association shall consist of a federation of the nine provincial Associations of Registered Nurses in the Dominion, and

That Article 1, Section 2, be deleted.

2. That Article 8, Section 1, be amended to read: Annual dues for each Association shall be seventy-five cents per capita. All dues shall be paid not later than January 31st of each year.

3. That Article 11, Section 1, be amended to read: The Standing Committees shall be as follows:

(a) Publication.
(b) Arrangements.
(c) Programme.

That Article 11, Section 2, be deleted.

A pleasing feature of the final business session on Saturday morning, June 28th, was the attendance of practically all delegates and many visiting members.

The following resolution from Miss Margaret Breay for the National Council of Nurses in Great Britain was received with appreciation:

The National Council of Nurses of Great Britain in Annual Meeting assembled, desires to convey to the Canadian Nurses Association its sincere admiration of the organisation of the Meetings and Congress of the International Council of Nurses held in Montreal last July, and to offer a warm expression of gratitude to the nurses of Canada for the generous hospitality extended to the Official Delegates and nurses from Great Britain.

Messages of Greetings were read from Miss Isabel M. Stewart, New York, and District 1, Registered Nurses Association of Ontario.

Federated Associations

The reports of the Provincial Associations were read, and owing to lack of time reports from other organisa-

tions were received as read. These reports are published in this issue.

Budget

With several slight alterations, the budget for 1930-1932 was adopted as previously submitted to member associations. Miss R. M. Simpson, Honorary Treasurer and Convener of the Committee on Budget, presented the report.

Place of Meeting, 1932

Two invitations had been received for the next general meeting: one from the New Brunswick Nurses Association to meet in Saint John, and the other from the Registered Nurses Association of Nova Scotia with Halifax as meeting place. Representatives from these two organisations spoke most persuasively in favour of their individual invitations, thus making it still more difficult for the delegates to arrive at a definite choice. However, as the C.N.A. had already met in Halifax and never in Saint John, and also as the invitation from New Brunswick's Association was received first, the choice went to Saint John. Miss Mary Campbell, of Nova Scotia, then most graciously expressed her pleasure at this decision.

Election of Officers

Miss Barbara Campbell, of Montreal, and Miss Olive Cook, of Victoria, had charge of the ballot during the voting for the election of officers. Their report showed the following members elected to office:

President, Miss Florence H. M. Emory; First Vice-President, Miss K. W. Ellis; Second Vice-President, Miss Gertrude M. Bennett; Honorary Secretary, Miss Nora Moore; Honorary Treasurer, Miss Ruby M. Simpson.

Resolutions

The Resolutions Committee, composed of Miss M. P. Campbell (Vancouver), Miss Gertrude Hall (Winnipeg) and Miss Mary Campbell (Halifax) had an exceedingly busy week. Resolutions presented by them and approved by the delegates are:

That the invitation from the New Brunswick Registered Nurses Association for the holding of the General Meeting of 1932 in Saint John be accepted.

That members of the Executive Committee and delegates to General Meetings be included in the pooling of travelling expenses and that delegates be limited to three from each provincial association.

That the sum of $6,000.00 be deposited by July 1st, 1930, to the credit of the Joint Study Committee and that the Executive Committee pledge the Canadian Nurses Association to be responsible for the remaining funds necessary for the completion of the Survey.

That a copy of the resolutions submitted by the Private Duty and Nursing Education Sections, relative to unemployment of nurses in all parts of Canada, be sent to the superintendent of nursing and to the secretary of the hospital board of every school of nursing in Canada.

That the subject of the international exchange of nurses be referred to a special committee with the recommendation that this special committee take up the subject with the Committee of the International Council of Nurses at present working on the same subject.

That if the purchase of the former Nightingale home is recommended by the Memorial Committee of the International Council of Nurses, the Canadian Nurses Association approve the plan and support the project.

That the former special committee on Crest be asked to continue in order to work out details for the material, colour, etc., for pins designed from the Crest.

That Miss Jean Gunn, Convener of the former National Memorial Committee, be appointed Convener of a Committee to make arrangements for the engraving of the Crest in the space left for it on Nurses Memorial and that Miss Gunn add such members of her former committee as are required to assist her.

That the Canadian Nurses Association are in favour of retaining May 12th as National Hospital Day.

That a resolution of condolence be sent to the relatives of the late Miss Louise Dickson and the Board of Trustees of the Shriners' Hospital, Montreal, expressing the sympathy of the C.N.A. in the recent death of Miss Dickson, past Secretary of the Nursing Education Section, C.N.A.; also that a similar resolution be sent to the American Nurses Association, in the death of their President, Miss Lillian Clayton.

That the Canadian Nurses Association express their thanks to the Montreal nurses for the excellent manner in which they arranged for the Congress of the International Council of Nurses, 1929.

That the Canadian Nurses Association voice appreciation of the efforts of the Survey Committee and that the travelling

expenses incurred by nurse members of the Committee to the General Meeting of the C.N.A. be paid by the Association.

That a vote of thanks be expressed to the Board and Staff of the Regina General Hospital; Regina and District Medical Society; Government of Saskatchewan and the wives of the Cabinet Ministers; Regina Branch of the Saskatchewan Registered Nurses Association; Mrs. Van Valkenburg, Chairman of the Arrangements Committee of the Saskatchewan Registered Nurses Association; Miss Ruby Simpson, President of the Saskatchewan Registered Nurses Association; Miss Ethel Johns; Dr. Edith Bryan; Dr. G. M. Weir; and all other speakers; Mr. Blackwood, Chairman of the Board of Trustees of the Toronto General Hospital; the Hotel Management; the Press; the retiring President and Officers of the Executive Committee; Miss Jean Wilson, Executive Secretary, and the staff at the National Office.

Resolutions submitted by Sections and approved by General Meeting:

Public Health Section

That the Federal Government be respectfully requested to further the establishment of full-time health units by voting an annual grant of money for the purpose.

That in order to effect wider facilities for experience for nurses in the Public Health field, the Public Health Section of the C.N.A. request that the matter of the international exchange of public health nurses be submitted to the Executive of the C.N.A. for approval.

Private Duty Section

That the Canadian Nurses Association endorse the recommendation of ten-hour duty for private duty nurses throughout Canada.

That the Private Duty Section ask the Canadian Nurses Association to send a letter to the Superintendents of Training Schools requesting that in the near future a reduction be made in the number of students being admitted into Schools of Nursing.

That the Private Duty Convener of each province should have a place on the Provincial Executive Committee.

That each Provincial Association give a grant to each of the Sections to defray expenses.

That there shall be appointed a National Committee on Registries, the function of which Committee shall be to investigate and report on all problems directly associated with the employment and professional discipline of Private Duty nurses, and

That the personnel and plan of such Committee be worked out by the Private Duty Section and the Executive Committee of the Canadian Nurses Association.

Nursing Education Section

Whereas, there exists marked and increasing unemployment among nurses in all parts of Canada:

Be it therefore resolved, that the Nursing Education Section of the C.N.A. be asked to send a communication to all hospitals in Canada conducting schools for nurses, asking Boards of these hospitals to seriously consider the question of the supply and demand for graduate nurses within the boundaries of Canada before increasing the number of student nurses to meet the additional nursing needs of the hospital, and that the policy of the employment of graduate nurses to meet these demands be adopted until such time as the unemployment conditions have been readjusted.

Sections

The business sessions of the sections held simultaneously on Wednesday, June 25th, were each preceded by a luncheon at which members of the section attended. This innovation seemed to meet with approval as there was a splendid attendance at each luncheon.

PRIVATE DUTY SECTION

At the meeting of the Private Duty Section Miss Agnes Jamieson, Chairman of the Section, presided, and provincial representatives from British Columbia, Manitoba, Ontario, Quebec, Saskatchewan and Prince Edward Island answered the roll call.

Miss Jamieson, in the opening address, gave a brief outline of the activities of the section during the past two years, and in the course of her talk stated that a survey of the number of nurses doing private duty work in Canada had been taken, when it had been found that a total of 6,255 were actively engaged in this section of the nursing field.

In presenting the report of the Exhibits Committee for the 1930 meeting, Miss MacIntosh, Convener, said that the work undertaken by this committee was not yet out of its pioneer stage and expressed the appreciation of the committee for the valuable assistance rendered in the work for the present exhibit by the Sister Superior and Miss Crealock, Dietitian of the Grey Nun's Hospital, Regina. Miss Munroe, of Saskatoon, was appointed Convener of the Committee for 1932, with power to choose her associates.

Most interesting reports were received from the various provinces represented, showing great activity in the Private Duty Section, and a decided feeling in favour of shorter hours for the private duty nurse. The report from Alberta was that the private duty nurses of that province are unorganised, and there was no report from New Brunswick.

Provincial Reports

The reports of the Private Duty Committees of Provincial Associations were most interesting:

In British Columbia there has been marked progress in the adoption of the recommendation for shorter hours for nurses.

The Saskatchewan Committee had passed a resolution whereby the names of married nurses not dependent on their own earnings should be placed at the end of the Registry list during periods when many nurses are unemployed.

The report from Manitoba showed a well organised committee, the members of which are striving to establish a ten-hour day whenever possible.

The Ontario report contained a resolution passed at the last annual meeting: i.e., That the Private Duty Section in the Registered Nurses Association of Ontario wish to go on record as keeping an open mind on the subject of Group Nursing while awaiting the result as well as the recommendations from the Survey on Nursing Education. An Extension Course for Private Duty Nurses had been arranged with the University of Toronto for the week of August 18-23, 1930. Cultural and educational subjects as well as clinics at the different hospitals were included in the programme.

The report from Nova Scotia also stressed efforts toward shorter hours; the committees in remaining provinces had little to report except that the President of the Alberta Association of Registered Nurses stated that the Private Duty Nurses were not, at present, organised into a section or committee.

Lengthy discussion followed the resolutions submitted by the Resolutions Committee. Resolutions in favour of the ten-hour duty for private nurses; reduction of the number of students in training schools; of each provincial Chairman of the Private Duty Sections being a member of the Provincial Executive Committee; and the defraying of the General Meeting expenses of Private Duty Committees and Chairmen by each Provincial Association, were passed.

Election of officers resulted in the appointment of: Chairman, Miss Isabel MacIntosh, Hamilton; Vice-Chairman, Miss Moya MacDonald, Charlottetown; Secretary-Treasurer, Miss Mabel St. John, Toronto.

Following the election, Miss Jamieson was presented with a lovely corsage bouquet, and a hearty vote of thanks was given the retiring officers.

Resolutions other than those submitted for the approval of the C.N.A. were:

That an Inter-Relations Committee be formed with the Nursing Education Section for the purpose of investigating and defining a policy whereby Group Nursing might be made a workable scheme in the nursing care of patients for whom some reduction in the cost of nursing care is necessary, and that a request be sent to the Nursing Education Section asking for the Section's consideration of this resolution; also that the appointment of the members of this Committee be left to the incoming Executive.

PUBLIC HEALTH SECTION

In the absence of the Chairman of the Section, Miss E. L. Smellie, the business meeting of the Public Health

Nursing Section was conducted by the acting Chairman, Miss Isabel Manson.

Reports of Committees

Programme—Report made by Miss R. M. Simpson, Convener.

Reports were not received from Exhibits, Publication or Education Committees.

Provincial Reports

Abridged reports of the Provincial Sections follows:

Alberta: Much has been accomplished in Alberta during the past two years in both new work and increased interest in the work already started. In Calgary and Edmonton there have been established mental hygiene clinics under the direction of the University in Edmonton and the City Child Welfare Clinic in Calgary; also tuberculosis clinics, the result of tuberculosis surveys made in the province. A creche was opened in Edmonton where working mothers may leave their children during the day time. There is a steadily growing demand for the services of the tonsil. adenoid and dental clinic, and more rural schools are receiving medical inspection than ever before, and there have been more requests for the travelling child welfare clinic than formerly. The school nursing staffs in most of the cities have been increased and the district nursing service extended. There has also been much increased activity in the Victorian Order of Nurses and the Junior Red Cross.

British Columbia: The circulating library, one of the main objectives of the Public Health Section of the Graduate Nurses of British Columbia, has been realised, and now, for a few cents postage the nurses of this province have at their command books on all phases of public health work. At present the library consists of about two hundred books. The health unit seems to be the most impressive feature of public health work in B.C., and with the establishment of one this fall. there will be three in operation in the province. Work is also being carried on in other districts not yet complete, but it is hoped that during the coming year these will be developed into complete health units. These units are all under the jurisdiction of the Provincial Board of Health with local help. They carry on generalised service and are staffed with fully qualified health officers and nurses. The work of the Public Health Nursing Service throughout the province has been extended. The work in the larger centres is developing with the growth of the cities and at present is carried on as a specialised service.

Manitoba reported the appointment of nine additional district public health nurses, and the organising of one full-time health district. The tuberculosis clinics are growing in importance and scope, and a new Government T.B. Clinic has been erected in connection with the Winnipeg General Hospital. In nineteen districts assistance was given by the nursing service in organising travelling dental clinics in readiness for the work of the dentists, and in helping them at the clinics. Nurses also played an important part in the educational campaign, arranging public meetings and in carrying out the programme of talks in the schools. Four new baby clinics have been established in Winnipeg. In the past year the Victorian Order of Nurses placed special emphasis on the importance of pre-natal care, giving demonstrations of pre-natal visits and care in the homes to the nurses of the different hospitals, and, by request, demonstrating to many women's organisation their work in regard to pre-natal supervision.

New Brunswick reports the appointment of a second tuberculosis diagnostician to cover the French section of the province; a provincial campaign for diphtheria immunisation; the establishment of four new public health nursing services; reduction of the infant mortality rate and special education work through the Women's Institutes to reduce the maternal mortality rate; and the completion of the provincial census of mental defectives which was carried out by the Medical Inspectors of Schools.

In Nova Scotia there has been considerable work done for the feeble-minded. A District of the Victorian Order of Nurses, in Lunenburg County, will be opened in September, making twelve districts with thirty-six nurses in the province. The appointment of a school nurse at Glace Bay, brings the number of school nurses in the province up to nine. Four of these are in Halifax.

The report from Ontario indicates a strong growth of public health work throughout the province. Fifty-eight students enrolled for the University Extension Course for public health nurses which was held at the request of the Public Health Section. Of special interest and significance was the organising of the Community Health Association of Greater Toronto, and the Victorian Order Regional Conferences which were held in Hamilton and Cobalt in 1929. The objects of the Community Health Association are to provide a meeting place for all graduate nurses doing community work and to stimulate interest in health work through the studying of community problems. The objects of the Regional Conferences are to bring together the Victorian Order Board members and nurses, to strengthen the relationship between them, and to give them a better understanding of their own organisation and a finer appreciation for the work of other health agencies. A unique feature of public health work in Ontario is the Red Cross Outpost Coach which was loaned the Ontario Red Cross by the Canadian National Railways, and which is meeting an urgent need in Northern Ontario.

In Prince Edward Island the Red Cross, with a staff of four public health nurses (one other is to be added soon) have carried on a vigorous public health programme, and have been almost entirely responsible for the development of public health work in that province. That the value of public health work has been successfully demonstrated to the people is shown by the appointment in January of a full-time public health officer and the creation of a portfolio for a Minister of Education and Public Health in the Provincial Legislature. During the past year much necessary public health legislation has been enacted, including an Act to incorporate a Sanatorium, an Act for the Prevention of Venereal Disease, and an amendment to the Public School Act requiring all students entering the normal school to have a certificate of good health and a certificate of vaccination. A great deal of work toward the curing of crippled children has also been done.

The Quebec Section reported a most interesting year, with three general meetings, at which excellent talks were given by Miss Cryderman, of the V.O.N., Dr. Grant Fleming, of McGill University, and Mlle. Martineau, of the Montreal Department of Health. At the last meeting Mlle. Seguin, of the Ecole d'Hygiene Social Applique, gave an interesting account of her work with B.C.G. Vaccine, tuberculosis nursing and the results of studies made by the Universite de Montreal. In 1929 the industrial nurses of Montreal organised on a city basis, with a view to provide a means for professional interchange and to link up their rather isolated work.

The report from Saskatchewan showed a total of eighty-eight public health nurses active in the province, and in the one hundred and twenty-five pre-school clinics held during 1929, approximately six thousand children were given complete medical examination. During the present year social service workers are to be appointed in connection with the mental hospitals, and in preparation for work in connection with mental hygiene three nurses studied in 1928 under the Rockefeller Foundation. The first health unit was established and in operation in March of this year, and during February and March the radio was brought into service in the propagation of public health ideas given in the form of health stories. The scope of the Victorian Order of Nurses has been extended to three districts in Saskatchewan where bedside care and

educational work is carried on. Transportation has been provided by the Provincial Department of Health and the nurses conduct school and child welfare work for the Department. A new V.O.N. district was opened in Regina in 1929, and two nurses are now employed. An additional nurse was placed at Saskatoon in 1928.

Provision has been made for a medical examination of all normal school students beginning with the next school term. Revision of the Public School Course of Study in Health is now under way. The new course will allow for instruction in scientific temperance.

Of especial interest to Saskatchewan nurses was the summer course given this year at the University of Saskatchewan under the direction of the Provincial Department of Health. The course this year is the first of this nature ever undertaken in Saskatchewan.

By-Laws Amended

Section 3. Article 3, was deleted from the By-Laws.

Officers Elected

Chairman, Miss Margaret Moag, Montreal; Vice-Chairman, Miss M. Wilkinson, Toronto; Secretary-Treasurer, Miss I. S. Manson, Montreal.

Dr. Edith Bryan, a guest at the luncheon and meeting, gave an interesting address on "The Relation of the Public Health Nurse to the Social Service Worker," following the business session. In a vote of thanks the Public Health Nurses expressed their appreciation to Dr. Bryan for attending the meeting and addressing them on a subject that is demanding the attention of public health nurses.

NURSING EDUCATION SECTION

Miss Edna Auger acted as Chairman for the Nursing Education Section owing to the absence of Miss Jessie Grant.

Reports—Committees

Constitution and By-Laws: The Convener, Miss G. M. Fairley, Vancouver, reported that no response had been received from the provincial sections to a request for any suggested amendments, nor had any question of need for amendment been introduced otherwise.

Nursing Standards

In the absence of the Convener, Miss B. L. Ellis, Toronto, the report on Nursing Standards was presented by Miss Anderson, Ottawa. This report is to be published and copies sent to Schools of Nursing in Canada.

Information on Schools of Nursing

A report of the Committee appointed to collect and collate information on schools of nursing was submitted by the Convener, Miss Jean S. Wilson. It was decided that the information collected through questionnaires by this committee should be forwarded to the Joint Study Committee for the Survey of Nursing Education.

Publicity

Miss E. F. Upton, Montreal, Convener, reported that little progress had been made, but a number of valuable suggestions were offered, which if followed, should soon develop satisfactorily the work of this committee.

Publications

The chief duty of the Publications Committee is to supply at least one article monthly for *The Canadian Nurse*. Miss C. Macleod, Brandon, Convener, reported that she had not been successful in obtaining a contribution annually from each provincial section.

Book Review

The Editor of the *Journal* reported that the following members had acted on the Committee: Miss F. H. M. Emory, Toronto; Miss Ethel Fenwick, Edmonton; Miss Olive MacKay, Newcastle, and Miss Mary Bliss, Guelph. The Editor expressed her thanks for the assistance received from these members.

Provincial Reports

A synopsis of these reports follows:

In Alberta, owing to the great distance between various points, subsections were formed throughout the province, the convener of each subsection to report to the Secretary of the Nursing Education Section any matters to be brought up for discussion at the general meeting of the Section. These subsections were form-

ed in Calgary, Medicine Hat, Lethbridge, High River, Camrose, Lamont and Edmonton.

British Columbia reported seven meetings during the past two years. Special Committees have been at work upon the following subjects:

1. The Objective Type of Examination.

2. Consideration of the present Provincial Nursing School Curriculum.

3. Study of the problems arising from non-segregation of services.

4. Study of the facilities for training of students in various special branches of nursing required by the Registered Nurses Association.

5. The social life of the student nurse. Case Records are at present the subject of study.

Manitoba reported six meetings held during the last two years with good attendance. An attempt was made to establish a Chair of Nursing in the Manitoba University. Influential members in the university approved of the Chair but owing to lack of space nothing can be done at present. A special committee drew up a minimum curriculum based on replies to a questionnaire sent to all Manitoba schools re theoretical programme. This is now in the printers' hands for publication.

New Brunswick reported that they have raised the educational requirements for entrance to all training schools from one year in high school to two years and Registration Examinations are now being held in May and November of each year.

Nova Scotia reported discussions in regard to Nursing Education problems and recommendations sent to them from the Nursing Standards Committee of the Canadian Nurses Association. In August, 1929, in response to Miss K. Ellis' recommendation questionnaires were sent to seventeen accredited schools for the purpose of collecting information re Schools of Nursing.

Ontario reported that the main work has been done by correspondence; a questionnaire, prepared and sent out to six of the superintendents of the province, related to a title for nurses taking the University Course in Teaching and Hospital Administration.

Prince Edward Island did not send in any report.

Quebec reported two meetings held. Subjects discussed were:

1. Advisability of having a uniform case study sheet.

2. Revising the minimum curriculum—any action left over till autumn on account of the Nursing Survey of Training Schools.

Saskatchewan reported a committee appointed representative of various parts of the province, to be composed of all superintendents and instructors of nurses, their special function to be supervision of the curriculum. Higher educational standards, increase in teaching staff, system of combined lectures, lectures during the day instead of evening, and eight-hour day for nurses, indicates definite progress of the larger hospitals. A travelling dietetian appointed by the Provincial Department of Public Health includes the small training schools in her work.

Resolutions

That a committee be appointed to investigate and define a policy whereby Group Nursing might be made a possible solution in the nursing care of the patients for whom some reduction in the cost of nursing care is necessary and that this committee be made up of members from each section with a committee in each province to carry on the work.

That a vote of appreciation be sent to Miss Beatrice Ellis and her Committee on Nursing Standards for the work they have done.

That the report of the Committee on Nursing Standards be published in The Canadian Nurse and that Miss Ellis be asked to carry out her original intention of preparing the whole report for printing, that Miss Ellis be asked to undertake this, that the expenses be defrayed from Section funds, and that a copy of the report be sent to each School of Nursing in Canada.

That the material on file at the National Office relating to the work of the Special Committee appointed to collect and collate information on schools of nursing be sent

to the Headquarters of the Survey Committee.

That a recommendation be sent to the Executive Committee of the Canadian Nurses Association that Miss Grace M. Fairley be asked to act as Chairman of the Nursing Education Section in view of the fact that there were no nominations for this office.

The Nursing Education Section of the Registered Nurses Association of Ontario presented a request in regard to the adoption of a desirable terminology for "those who are preparing for positions in teaching and administration in Schools of Nursing." The following resolution was passed:

That this question be referred back to the Ontario Nursing Education Section and that those in charge of departments of nursing in the universities confer together, deciding upon suitable terminology for these courses.

That a suggestion be handed on to the Arrangements Committee for General Meetings that no undue financial burden be placed on the hostess association for entertainment purposes.

Officers Elected

Chairman, Miss G. M. Fairley, Vancouver; Vice-Chairman, Miss M. F. Gray, Vancouver; Secretary, Miss E. Frances Upton, Montreal; Treasurer, Miss Margaret Murdoch, St. John.

Joint Session

The three Sections held a Joint Session on Friday afternoon with Miss Hersey presiding, when three addresses were given. The speakers were: Miss Isabel MacIntosh, Private Duty Section, whose subject was "The Interdependence of the Problems of Private Duty Nurses;" Miss Ruby Simpson from the Public Health Section, who dealt with "The Public Health Nurse in a Rural Community;" and Miss Ethel Johns for the Nursing Education Section chose "A Study in Contrasts" as her topic.

Miss Johns' paper, admirably suited for classroom study in current nursing history, should be read by everyone.

In Miss Simpson's and Miss MacIntosh's papers, those nurses following public health or private duty nursing interests will find solutions to some present day problems which confront the majority of nurses, as both speakers have qualified in their respective fields through experience and careful study.

President's Address

It is my pleasure and privilege to speak to you today as President of the Canadian Nurses Association, and to outline what has been accomplished since the meeting of this Association in Winnipeg, when you honoured me by election to this office. May I, on behalf of the Association, extend a very warm welcome to the officers, delegates, members and guests who are here today, and in particular to Miss Ethel Johns, who has for some time been engaged in important nursing work in Europe and the United States, but whom we hope will eventually return to Canada and give her own country the benefit of her wide experience and exceptional knowledge of nursing affairs.

The Canadian Nurses Association is twenty-one years old. It came into existence in Ottawa in 1908, and was accepted into membership of the International Council of Nurses in London, England, in 1909. It was the result of the efforts of pioneer nurses desiring to keep pace with nursing progress throughout the world, and to make it possible for Canadian nurses to contribute to the international development of the nursing profession. It was organised on sound principles, under the leadership of Miss Mary Agnes Snively, of Toronto, and splendid ideals and traditions have been handed down to us by those who did our pioneer work. In studying the history of the development of Canadian nursing one is forcibly struck by the fact that the needs of the first settlers were wonderfully met by these nurses. If we are to meet

the needs of our developing country we must look to ourselves and our equipment to see that we are able to do as they did.

There are many problems confronting the nursing profession today: one is, unquestionably, an over-production of nurses. More patients are going to hospitals instead of receiving care at home. This increases the demand on the hospital; more students are admitted, reducing the employment of the graduate nurse. Registries report longer periods of unemployment. Should hospitals graduate increasingly large classes of students if the demand for their services ends with the completion of their course? For help with this, as well as other problems, we are looking forward to the completion of the *Survey*.

The Survey of Nursing in Canada, under the joint auspices of the Canadian Medical Association and the Canadian Nurses Association, and directed by Dr. Weir, of Vancouver, will be one of the outstanding features of this meeting, so I will not enlarge on it now. We feel that when this is completed definite knowledge will be available as to what is demanded of the nurse today and how these demands are being met. Nursing will develop, whether we like it or not, along the lines on which events compel, and the nursing profession must co-operate in preparing its members to meet all requirements. As this scientific survey of the nursing situation in Canada will tend to improve nursing in Canada, the necessary funds to finance the *Survey* until its completion must be the responsibility of Canadian nurses.

Dual Membership:

A resolution was passed at the last general meeting "That membership through Provincial Associations be the objective of the Canadian Nurses Association," and a special committee has been studying this question. As membership now stands, many non-registered nurses who are not eligible for membership in Provincial Associations secure membership in the C.N.A. through their alumnae affiliations. A summary of the report from this special committee has been sent to all federated societies, and we hope delegates have come prepared to vote on this matter.

Enrolment of Nurses for Emergency Service:

The Canadian Nurses Association and the Canadian Red Cross have arranged to secure and maintain a register of nurses for service in war or disaster, and the Department of National Defence has agreed in event of war to make use of this register for the selection of such nurses as may be required for service. This enrolment is to be entirely voluntary. The Provincial Associations have sent out forms asking members to interest themselves and make this enrolment a success.

The Canadian Nurse is this year in a more satisfactory condition financially, due possibly to development in advertising, as the circulation has not increased materially.

The Editor, with her duties as Executive Secretary, has not the necessary time to devote to *The Canadian Nurse*, and the advisability of separating these offices should now be considered. May I ask you to notice in the report of the Executive Secretary how much the work of National Office has increased? It is almost impossible to meet all demands.

International Council of Nurses:

The Sixth General Congress of the International Council of Nurses held in Montreal, July, 1929, is now an old story, but the work carried on by the Canadian nurses over a period of two years must be mentioned once more. The Committee on Arrangements appointed in Geneva at the Interim Conference in 1927 was composed of Canadian nurses, as the arrangements as usual fell to the share of the country where the Congress was to be held. Local sub-committees were appointed, and everybody possible gathered in to help in the work of preparation. It had been decided at the meeting in

Winnipeg to tax each nurse in Canada $2.00 towards an entertainment fund for the Congress. This was a beginning for the Finance Committee, which they followed up successfully. The Federal, Provincial and Municipal Governments contributed generously, and a few donations were received from interested friends, so there is now a surplus instead of the expected deficit.

The Programme Committee, with Miss Gunn as chairman, had a gigantic undertaking on their hands, as the members were thousands of miles apart. Each draft of programme was sent to Headquarters in Geneva; from there to the different countries; back to Geneva, and finally reached Miss Gunn months after it had been sent out. The advertising material collected by the Publication Committee more than covered the cost of printing the programme, in English, French and German.

The Transportation Committee met all boats and trains, welcomed the guests, saw that baggage was looked after, and that visitors were taken to their destinations. In spite of all careful planning one guest arriving on a very early train and getting tired, called a taxi and arrived by herself at the Hospital before 6 a.m. This was Mrs. Rebecca Strong, of Edinburgh, who celebrated her 86th birthday while in Canada. Mrs. Bedford Fenwick, of London, England, the founder of the International Council of Nurses, and Miss Snively, of Toronto, one of the foundation members, were unavoidably absent, and their absence was much regretted.

The members of the committee were very grateful for the help and support of the citizens of Montreal: they offered their houses, their cars and their help in every way.

Entertainment of all kinds was offered and much accepted, but the full programme prepared for the Congress would not allow time for all.

The Canadian nurses from coast to coast worked very hard for two years to make the Congress a success, and we feel they succeeded.

It was through the efforts of the British nurses desiring to do honour to the Canadian nurses that your President had the privilege while in England of being received at Buckingham Palace. Her Majesty Queen Mary was very gracious and very interested in nursing in Canada.

In conclusion, I would say we should give thoughtful consideration to the demands that the practice of nursing makes today on education. One important national aim should be to encourage a uniform system of nursing education: at present there is no uniformity. Universities have practically the same entrance requirements and the same standards in their work; if we examine nursing education we find by our Provincial Registration Acts, one Province requires one year high school, another two. The entrance requirements to our schools of nursing should be the same; a uniformity that will raise, not lower, the standard of nursing. If the entrance requirements are raised, the candidates for admission will see to it that they measure up to them. High entrance requirements will not stop the most desirable class of women from entering the profession, but will encourage the best.

The public is becoming interested, and many more scholarships are given for the advancement of nursing education.

The Henry J. Crowe Scholarship, given for the first time in 1929, is a most generous gift, providing an annual scholarship for post-graduate work in any Canadian university. This is a gift of annual scholarships to the value of $600.00 each for an approximate period of ten years. Each of eight Provinces has a scholarship, one Province two, and the Dominion of Newfoundland one. This generous gift was given to Canadian nurses by the will of the late Mr. H. J. Crowe in recognition and appreciation of the importance of the nursing care of patients and the need of advancing nursing education.

One of our most necessary tasks today is to win the co-operation and as-

sistance of the people round about us toward our better preparation. On our success depends the possibility of keeping the interest and support of the public.

Although much has been accomplished since the organisation of this association in 1908, there is still a great deal to be done, and success in all our undertakings is dependent on the co-operation and sympathy of the individual nurse.

MABEL F. HERSEY,
President, C.N.A.

Report—Executive Secretary

There is a certain similarity in these biennial reports from headquarters. However, a difference is evident in the marked demands made through a steadily increasing development of nursing and allied subjects. Thus each year there has been more activity as well as expansion into varied fields and branches in which the Canadian Nurses Association is connected and interested.

Executive Committee:

The Executive Committee held nine general and one special meeting; the majority of which were held in Montreal. Members were notified of each meeting and later received copies of the minutes.

In October, 1929, Miss K. W. Ellis resigned as First Vice-President, due to a lengthy absence from Canada.

The Executive Committee consists of 45 members. Owing to changes of representatives in the provincial associations, 58 members have served on the Executive Committee during the past two years. In the same period five members paid one visit each to the National Office.

Federated Associations:

The following associations have withdrawn from affiliation:

1. The Alumnae, Riverside Hospital, Toronto.

2. The Alumnae, Regina General Hospital.

3. The Alumnae of the Vancouver General Hospital. The Alumnaes of the Toronto General Hospital and of Grace Hospital, Toronto, have served notice that affiliation will be withdrawn in December, 1930.

Requests were received from a number of organisations seeking affiliation with the C.N.A. In reply to these, explanation was made in relation to the study of the question of dual membership in the C.N.A. As a result, the number of organisations in affiliation has not been increased.

There was an increase of twenty per cent. in the total provincial membership in 1929 in comparison to 1928. The total provincial membership is 8,038.

Sections:

Following the last general meeting, it was found that a member had been elected an officer in the C.N.A. and also secretary of the Nursing Education Section: according to Article 3 of the Constitution, an officer of the C.N.A. cannot hold office in a section. Therefore, until the Nursing Education Section appointed a secretary, all duties of that officer immediately following the general meeting received attention at the National Office. This section has been especially unfortunate in that early in 1929 the chairman resigned and the secretary deemed it advisable to resign also in order that the newly appointed chairman and secretary would be resident near each other. Late in 1929 there was another change in secretary.

The secretary of the Private Duty Section, elected in 1928, resigned later and a successor was duly appointed.

It does not seem that the plan of an interchange of quarterly reports between the national and provincial sections as recommended by the Nurs-

ing Education Section in 1928 has been as successfully adopted as was anticipated. Probably that recommendation can be more thoroughly discussed by the sections at their individual meetings which will be held later this week, or some other plans made whereby closer contact will be maintained between the National Sections and the respective Provincial Sections or Committees.

C.N.A. Represented at Meetings:

The C.N.A. has been represented by official delegates at meetings of:

The Grand Council—International Council of Nurses, 1929.

The Canadian Council on Child and Family Welfare (formerly The Canadian Council on Child Welfare).

The National Council of Women in Canada.

The Canadian Social Hygiene Council.

The Conference of Voluntary Health Agencies arranged by the National Division of the Federal Department of Pensions and National Health.

When received, reports of these national meetings were duly published in *The Canadian Nurse*.

Nominations:

The blank nomination forms were mailed to the federated associations on October 29th, 1929. According to the by-laws, the completed forms should be in the possession of the secretary not later than the thirty-first day of January previous to the general meeting.

Less than fifty per cent. of the associations returned the completed form and unfortunately one-half of these were not received on or before January thirty-first. One form was received on January 16th, without insertion of the name of the association and unsigned by the secretary, thus there was no way to ascertain its origin.

A list of nominees as available from returned forms was prepared and forwarded to the federated associations and members of the Executive Committee.

Standing and Special Committees:

These committees will be reported on by the convener of each. Whenever the staff at headquarters received requests from these committees for assistance, the same was given prompt attention.

Archives:

Since 1928 the C.N.A. has been presented with the following:

Signed photographs of Mrs. Bedford Fenwick, Founder of the I.C.N., and of Miss Margaret Breay, Honorary Member of the I.C.N.

A signed photograph in frame of Miss Mary Agnes Snively, Founder of the Canadian Nurses Association, donated by the Alumnae of the Toronto General Hospital.

A framed photograph of the late Miss Nora Livingston, Superintendent of Nurses, Montreal General Hospital, 1890-1920, from the Alumnae of the Montreal General Hospital.

Mrs. Aubin, of Toronto, donated framed group photographs of the C.N.A. at the General Meetings of 1916 and 1920.

A copy of "The History of the Western Hospital, Montreal," prepared and published by the Alumnae, and presented to the C.N.A. by the Alumnae.

From the Federal Department of Public Works there was received a series of photographs of the Memorial Chamber, Victory Tower, Parliament Buildings, Ottawa.

A series of reproductions of St. Bartholomew's Hospital, London, England, was obtained.

Complimentary copy of "Medical History in Canada," by Dr. Hagerty, in two volumes.

There is now a complete file of bound volumes of *The Canadian Nurse* at the National Office. The C.N.A. is indebted to the Graduate Nurses Club of Toronto for the bound volume of 1916.

International Council of Nurses:

During the latter part of 1928 and 1929 the staff at headquarters assisted whenever possible with the preparations for the Sixth Congress of the Council.

A report of the C.N.A. for the period 1925-1929 was prepared for the Congress.

Information as requested was forwarded to International headquarters. A request was received asking that material be sent from Canada to the International Hygiene Exhibit which is being held in Dresden from May to October of this year. The Provincial Associations were asked to forward exhibit material. The Convener of Exhibits for the Registered Nurses Association of Ontario reported that material had been sent from the Departments of Public Health of Hamilton, Ottawa, Toronto, and the province of Ontario, the Child and Family Welfare Council of Canada and the Canadian Tuberculosis Association.

Several questionnaires from I.C.N. Headquarters for the preparing of grafts, etc., for the Exhibit were completed and returned.

At the close of the Congress of the I.C.N. held in Montreal, on the authority of the First Vice-President of the C.N.A. an informal conference of representatives from each province was held. The purpose of the meeting was to express on behalf of the nurses of Canada the feeling of pride and satisfaction in the splendid arrangements carried out in connection with the Congress, and to express their indebtedness to Miss Hersey and all members of the Arrangements Committee and to individual nurses of Montreal who represented the Canadian nurses.

A copy of this vote of thanks was published in the Montreal daily papers on Tuesday, July 16th, and in the Special Congress Number of *The Canadian Nurse,* September, 1929.

Correspondence:

As the major portion of the work is carried on through correspondence, herewith is enumerated the majority of sources to which and from which letters are sent and received:

Headquarters, the International Council of Nurses.

National Organisations of Nurses in other countries.

The Organisations with which the C.N.A. is affiliated, i.e., The National Council of Women of Canada and The Canadian Council of Child and Family Welfare.

The Federal Departments of Pensions and National Defence, and of Labour.

Canadian Red Cross Society.

Canadian Social Hygiene Council.

Canadian National Committee on Mental Hygiene.

Second Canadian Conference on Social Work.

Canadian Medical Association, Department of Hospital Service.

Department of Nursing, Canadian Universities.

Provincial Departments of Health.

Information re nursing conditions in Canada.

Information re post graduate courses.

Information re training for nurses in general and special hospitals.

Positions wanted, and vacancies to be filled.

The British College of Nursing.

The British College of Nurses.

State registrars and state health organisations in U.S.A.

The federated associations, the executive committee and standing and special committees of the C.N.A.

Among requests received were several from other countries re history of nursing in Canada and of *The Canadian Nurse;* also a number from individual nurses and laywomen for literature on nursing subjects.

It is understood that one of the essential reasons for the existence of the National Office is to provide a means whereby information can be collected for reference purposes. It is regretted that owing to the amount of time required for routine duties it has been found impossible to choose and index properly reference material which is available at headquarters. So far the only indexing done is that for *The Canadian Nurse* for the past six years.

An average of 1,000 letters were mailed monthly for the months of

December, 1929, January, February, March and April, of 1930, these being the peak months of each year, while an average of slightly over 650 are mailed monthly throughout the year. Over 1,500 single copies of the *Journal* and parcels are mailed annually.

The Association is grateful to Miss Gertrude Garvin, of Ottawa, who again made local arrangements connected with the placing of the floral tribute before the Nurses' Memorial in the Hall of Fame, Parliament Buildings, Ottawa, on November 11th, 1928 and 1929.

Aid has been extended to the History of Nursing Society of the School for Graduate Nurses, McGill University, in disposing of copies of "Pioneer Nurses of Canada" as prepared by the Society. A number of announcements in this connection were published in the advertising section of the *Journal*.

The Executive Secretary wishes to express her thanks for it having been arranged for her to be in Montreal for six weeks previous to and during the I.C.N. Congress. That opportunity was especially appreciated as it was the first time the Executive Secretary had been privileged to attend any large gathering of nurses since assuming office with the C.N.A.

In conclusion the Executive Secretary thanks the President and other Officers and Councillors of the C.N.A., and the Officers and individual members of the affiliated organisations for the support and co-operation given towards the work carried on through the National Office during the past two years.

JEAN S. WILSON,
Executive Secretary.

Report of the Joint Study Committee of the C.N.A. and C.M.A.

It will be recalled by members of the Association that the Joint Study Committee, consisting of three representatives of the Canadian Medical Association and of the Canadian Nurses Association, was appointed in the summer of 1927 to make an investigation into the conditions of nursing in Canada.

The personnel of the Committee is as follows: Dr. A. T. Bazin, Dr. Stewart Cameron, Professor Duncan Graham, Miss Jean Gunn, Miss Kathleen Russell and Miss Jean Browne.

It was felt by the Committee that it was necessary to get a body of facts in regard to Nursing because of the spotlight frequently turned on the profession in the last few years, and because of the growing uneasiness among nurses and doctors that perhaps the great changes taking place in the social and economic life of the country have not been sufficiently reflected in nursing. Opinions and prejudices have been expressed, although actual facts were not known. In order to get the pertinent facts assembled, integrated and interpreted, it was felt necessary to appoint as Director of the *Survey* an educationist who had had previous experience in survey work.

Fortunately the Committee was able to secure the services of Dr. George M. Weir, Professor of Education, University of British Columbia, as Director. Professor Weir is well known as a leading educationist in Canada, especially in connection with the survey he made of the elementary and secondary schools of British Columbia a few years ago. The University of British Columbia considered the Survey of Nursing of such importance as to grant Professor Weir the necessary leave of absence to undertake the work.

Professor Weir commenced work in Toronto on November 1st, 1929. It was decided to establish Toronto headquarters, in order that the Di-

rector might be in close touch with the members of the Committee, who hold their meetings in Toronto. During the first two months he laid the foundations of the *Survey*, and did as much field work as could be arranged. During January and February his time was spent in field work in Ontario and in March and April he has been occupied on a part-time basis in British Columbia. May and June will be spent in the Prairie Provinces, and after that he will direct his attention to Quebec and the Maritime Provinces.

Professor Weir is dealing with such queries as the selection of nurses, their preliminary education, the curriculum of training schools, methods of teaching, examinations, the content of nursing fees and remuneration, co-operation with the medical profession and community organisation. After he has finished field work in the various parts of the Dominion, his greatest task will be to analyze and interpret the facts he has assembled. This will entail the compilation of a lengthy report which will probably be published in book form and made available to the public.

It has been estimated by the members of the Committee that the funds on hand will probably barely carry the expenses of the *Survey* to the end of June. It is therefore necessary for the Canadian Nurses Association, who have had to assume the major responsibility in connection with the financing of the *Survey*, to make available the funds necessary for the completion of the *Survey*. It is estimated that it will take until March 1, 1931, to complete it. The estimated expenditure of $1,500 a month for a period of eight months from the end of June, would be $12,000, the minimum sum which the Committee would have to have at its disposal in order to finish the task entrusted to it.

The representatives of the Canadian Nurses Association on the Committee therefore present the following resolution to the Executive of the Canadian Nurses Association:

> "That the sum of $12,000 be deposited to the credit of the Joint Study Committee on Nursing not later than July 1, 1930, so that the work of the *Survey* may proceed and be completed."

JEAN I. GUNN.
KATHLEEN RUSSELL.
JEAN R. BROWNE.

SUMMARY OF RECEIPTS AND DISBURSEMENTS
For Period November, 1929, to March, 1930, inclusive

RECEIPTS

Canadian Nurses Association (Nov.)	$5,000.00	
Ontario Medical Association (Nov.)	250.00	
Canadian Nurses Association (Jan.)	2,000.00	
Ontario Medical Association (Jan.)	750.00	
		$8,000.00

NOTE.—In addition to the receipts listed above, the Canadian Medical Association paid Dr. Weir's salary 2½ months, a contribution amounting to $2,500.00. This was not placed in the funds of the Committee, but paid directly to Dr. Weir.

DISBURSEMENTS

Postage	$ 305.16	
Salaries	3,154.58	
Office Supplies	238.29	
Printing	467.91	
General Expense (Telephone, Telegraph, Rent of Typewriter, etc.)	162.83	
		$4,760.17
Balance in Bank	$3,203.33	
Balance, Petty Cash	36.50	
		$3,239.83

JEAN E. BROWNE, Secretary-Treasurer.

Report of the Committee on Dual Affiliation

In presenting a resume of the work of your committee permit me to read the brief report submitted at the last biennial meeting of the Association:

"In response to a request from the Executive of the Canadian Nurses Association dated May 25th, 1927, a committee of provincial presidents was formed to study the problem of dual affiliation in the Canadian Nurses Association.

"After due consideration your committee reports that:

1. Whereas 45 per cent. of the present membership of the national organisation is composed of affiliated organisations other than provincial.

2. And whereas the task undertaken by the organisation in acting as hostess to the International Council of Nurses in 1929 is a prodigious one, it is recommended

(a) That membership through provincial associations only be the objective of the organisation.

(b) That the putting into operation of such a policy be delayed until the budget for the years 1930-32 is prepared.

(c) That in the interval the matter be given the most careful consideration of provincial associations and an attempt made to obtain as members all those whose affiliation with the Canadian Nurses Association is through Alumnae membership only.

"Resultant upon discussion the recommendations of the report were amended to read:

1. That membership through provincial associations only be the objective of the organisation.

2. That the putting into operation of such a plan be delayed until further consideration of the plan at the next biennial meeting.

3. That in the interval the matter be given the most careful consideration by provincial associations and an attempt made to obtain as members all those whose affiliation with the Canadian Nurses Association is through organisations other than provincial."

Continuing the study, in April, 1929, your committee requested the Executive Secretary of the Canadian Nurses Association to send a questionnaire to the secretary of each affiliated association not including provincial organisations.

The questions were three:

1. How many nurses holding membership in your organisation are affiliated with the Canadian Nurses Association through your provincial association?

2. How many are affiliated with the Canadian Nurses Association through your organisation only?

3. How many of those included under (2) are eligible for membership in your provincial association?

It is regretted that replies were received from only 53 per cent. of the organisations representing a total membership of 2,729. They revealed the following:

1. Number of nurses holding dual membership in the national organisation, that is, through a provincial and one other association, 2,000 or 73 per cent.

2. Number of nurses affiliated with the Canadian Nurses Association through another organisation only, 1,485 or 55 per cent.

3. Number of nurses affiliated through another organisation and eligible for membership in a provincial association, 943 or 34 per cent.

It is therefore concluded

1. That in 1928 forty associations other than provincial in six provinces affiliated with the national association have a membership of 5,095 or 43 per cent. of the total membership of the Canadian Nurses Association.

2. That if those nurses eligible for provincial membership, but affiliated only through an organisation other than provincial, were to join their provincial association, membership through provincial affiliation could be raised from 6,636 to approximately 8,000.

3. That to meet the present budget of the national organisation on a basis of 8,000 members the affiliation fee per capita needs to be seventy-five cents.

4. That if affiliation with the Canadian Nurses Association is confined to provincial associations increased activity (on the part of those associations) is necessitated.

To focus attention upon the need for such action an editorial entitled "An Objective in Membership" was prepared for the November issue of *The Canadian Nurse*. The last paragraph reflects the conviction of your committee. "In the opinion of those

studying the question provincial affiliation only is the logical form of organisation and to facilitate the sound growth of these associations should be adopted at the *earliest opportunity*. Meanwhile each provincial organisation should devote its energies to securing increased membership and thus aid in the fulfilment of the objective of the Canadian Nurses Association, membership through provincial associations only."

Concluding the report your committee is aware of encouragement reflected in a recently compiled comparative statement of membership in the national organisation through provincial affiliation. Whereas in 1928 such membership was 6,636, in 1929 it had increased to 8,038. Membership necessary to meet the budget in terms of an affiliation fee of seventy-five cents per capita has therefore been accomplished.

Respectfully submitted on behalf of the committee,

FLORENCE H. M. EMORY,
Convener.

Report of Red Cross Enrolment of Nurses

The report submitted by this committee at the general meeting in 1928, gave a historical outline of the work of the committee. Perhaps it might be well to repeat at least part of this outline to refresh the memories of those who have not been closely in touch with this work:

At the general meeting held in Ottawa in August, 1926, the following motion sent to the meeting by the Registered Nurses Association of Ontario, was on the agenda:

"That the Canadian Nurses Association approach the Canadian Red Cross with the recommendation that the Canadian Red Cross negotiate with the Federal Government to bring about a system of enrolment from which nurses would be appointed to military service when needed, and from which they might be called upon for emergency work in time of any national or provincial disaster."

After considerable discussion the following resolution was passed:

"That a conference be arranged between the C.N.A., the Federal Government and the Canadian Red Cross Society to discuss the question of such an enrolment."

At a meeting of the Executive Committee following the general meeting, Miss Jean Browne was named as convener of a committee to give effect to this resolution. Miss Browne, in consultation with the president, asked Miss Gunn and Miss Dickson, past presidents of the Association, to serve on this committee and this they agreed to do.

A preliminary conference was arranged in Ottawa on January 20, 1927, between Miss Shaw, President of the C.N.A.; Colonel Jacques, Director General of Medical Services of the Department of National Defence, and Dr. J. L. Biggar, Chief Commissioner of the Canadian Red Cross Society.

The following is the memorandum sent to the chairman of the committee by the president following the conference:

Record of a conference between—The Director General of Medical Services, Deputy Director General of Medical Services, Miss Shaw, President of the Canadian Nurses Association, and Dr. Biggar, Chief Commissioner of the Canadian Red Cross Society, January 20, 1927.

The Canadian Nurses Association have under consideration the idea of a plan of enrolment of registered nurses to be effected in co-operation with the Canadian Red Cross Society.

Nurses so enrolled would be known to be ready for emergency service, in the case of war or disaster. The Provincial Divisions of the Red Cross co-operating with the Provincial Nurses Associations to keep the enrolment accurate and up-to-date.

The National Office of the Nurses Association and that of the Canadian Red Cross Society would have ready, for the Department of National Defence, a complete list of nurses who have volunteered for emergency service, should the Department of National Defence require such a list at any time.

The following is a copy of a letter received by the president from

Colonel Jacques following this interview:

Dear Miss Shaw:

With reference to the conference which took place in the office of the Director General of Medical Services at which, in addition to yourself, Doctor Biggar (Chief Commissioner of the Canadian Red Cross Society), the Director General of Medical Services and the Deputy Director General of Medical Services, were present.

I am now authorised to inform you that the scheme laid down at this conference has the full endorsation of the Department of National Defence.

When this work has been carried out, I personally feel a great deal will have been accomplished and, should an emergency arise at any time in the future, the question of organisation of the Nursing Services will be very much advanced by this plan.

Yours truly,

(Sgd.) H. H. JACQUES.

On March 24th the committee met in Toronto, and the president came down from Montreal especially for it. It was felt by all the members of the committee that no further steps could be taken until the feeling of the federated associations of the C.N.A. was ascertained, so the president was asked to bring the question of enrolment to the consideration of the federated associations, to supply them with the necessary information and to ascertain to what extent they would be willing to support a scheme of enrolment.

The following resolution was passed by the committee:

"That, in the event of the assurance of the support of the majority of federated units of the C.N.A., the committee recommends to the executive of the C.N.A. that a request be sent to the Canadian Red Cross Society asking for the formation of a joint committee of which at least one-half the members will be representatives appointed by the C.N.A. to deal with matters of enrolment."

In November, 1927, the replies of the federated units were sent to the chairman of the committee. The chairman then consulted with Miss M. F. Gray, President of the Canadian Nurses Association. The following is an extract from Miss Gray's letter:

"To me the replies seem sufficiently favourable to warrant further discussion with the Red Cross with emphasis upon the point that the nurses would like to know how the original registration would be obtained. I think once they are assured that nursing registration standards would be safe-guarded they will then be prepared to leave to the Red Cross the annual registration and detailed follow-up necessary to ensure being in sufficiently close touch with the individual nurses to reach them in emergency."

On December 9th, 1927, a meeting of the committee was called and Dr. Biggar was asked to attend. The following tentative plans for enrolment were agreed upon:

1. That names of nurses wishing to enrol should be collected by the provincial nurses associations, and passed on to the provincial offices of the Canadian Red Cross Society after eligibility had been determined.

2. That eligibility should be determined by

(a) Registration in any province of Canada.

(b) Recommendation by the executive of the Provincial Nurses Association of the province in which the individual resides.

3. The Canadian Nurses Association would not be directly concerned in the enrolment of individuals, but would be represented by its members on the National Nurses Enrolment Committee of the Canadian Red Cross Society. This joint committee would be charged with the duty of working out detailed plans for the operation of the scheme.

Following the biennial meeting of the C.N.A. in 1928, at which the report of the committee was adopted, a joint committee composed of three representatives of the Canadian Red Cross Society and three representatives of the Canadian Nurses Association was appointed. The personnel of this committee is as follows: Mrs. H. P. Plumptre, Dr. J. T. Phair, Dr. J. L. Biggar, Miss E. M. Dickson, Miss Jean Gunn and Miss Jean Browne.

Frequent meetings of this committee were held and the result of its deliberations is summed up in the bulletin and forms attached.

All the machinery is now ready and as soon as the Provincial Nurses Associations supply lists of nurses

who are eligible and who volunteer for enrolment, the plan will at once be put into operation.

The representatives of the C.N.A. on the joint committee urgently request that these lists will be prepared at the earliest possible moment as a guarantee of the good faith of Canadian nurses in this scheme which their own national association has set on foot.

(Signed) JEAN E. BROWNE.
E. McP. DICKSON.
JEAN I. GUNN.

Report—Grand Council, I.C.N.

I beg to present herewith the report of the proceedings of the Grand Council of the International Council of Nurses, held in Montreal, June 5th, 6th, 8th and 12th, 1929, in connection with the Sixth Quadrennial Congress of the Council.

The International Council of Nurses is governed by a board of directors composed of the immediate members of the Executive—Honorary Presidents, President, 1st and 2nd Vice-Presidents, Treasurer and Secretary, together with the Presidents of all associations having membership in the I.C.N., nineteen in number at the time of the Montreal meeting. Before each Quadrennial Congress all business matters relative to the work of the International Council are discussed first by the Board of Directors and referred by them to the Grand Council for final decision. The Grand Council is the voting body of the International Council of Nurses, and consists of the Board of Directors plus four delegates from each of the member associations and associate national representatives. In 1929 the Grand Council had a possible membership of 6 executive members, 19 association member presidents, 76 elected delegates from member associations and 44 associate national representatives — a total of 146 members.

When the roll call was taken at the first meeting on July 5th, it showed an attendance of 66 members, representing 18 countries. Canada's representation comprised the President of the Canadian Nurses Association, Miss M. Hersey, and four delegates chosen for geographic location, Miss M. F. Gray (British Columbia) representing the Pacific Coast, Miss R. M. Simpson (Saskatchewan), the Middle West, Miss Jean Browne (Ontario), the East, and Miss Margaret Murdock (New Brunswick), the Maritimes—all of whom were present.

Meetings were held prior to and during the Congress with Miss Nina Gage, President, International Council of Nurses, as Chairman.

Before proceeding with the business of the first meeting, considerable discussion took place as to whether members of affiliated organisations who were not official delegates from their respective countries, should be admitted to listen to the discussions of the Grand Council. By a standing vote a decision was reached to admit such members. No voting privileges were, of course, allowed.

The first reports to be received were those of the Treasurer, Miss E. M. Musson (Great Britain), and the Secretary, Miss Christiane Reiman. Both showed evidence of progress during the four year period, and indicated the necessity of increase in finances and provision for assistance at headquarters if equal progress might be expected during the coming four years.

The chief matter of business presented at the first meeting dealt with the revision of the Constitution and By-laws, an important report presented by Miss Jean Gunn, of Canada.

The result of considerable discussion was as follows:

(a) Constitution:

1. The suggestion to change the name of the Grand Council to Central or General Council was rejected.

2. The inclusion of a class of members to be called "passive members," women trained in a nursing specialty, but without general nursing training, was rejected.

3. The proposal to add a Third Vice-President (to be resident in the country in which the Congress was to be held) to the list of Executive members was rejected.

4. The motion to include the Councillors of the I.C.N. as members of the Grand Council was accepted. The Councillors are the 20 Foundation members of the I.C.N. who in 1900 were invited to seats on the Grand Council for life.

(b) By-laws:

1. The suggestion that the Treasurer present at each Quadrennial Congress an estimated budget of possible expenditure for the ensuing four years, was adopted.

2. The amendment to provide for business meetings of the Board of Directors to be held biennially was rejected. At present meetings may be called by the President or by written request of 25% of the active members of the Council.

3. The amendment to allow the Board of Directors to arrange a meeting place for the Congress if the invitation accepted should be for any reason withdrawn, was adopted.

4. That the Congress Programme Committee consist of members of at least three nationalities, with the Secretary *ex officio*, was rejected as unnecessary.

5. The amendment to provide that any nurse accepting office in the I.C.N. must be a citizen of the country in which she is working, provoked much discussion. Some members considered that nursing progress in a country developed more rapidly if citizens of that country were its leaders. Others thought this point to be of no importance, and considered that in some countries progress must be made before its citizens could conduct affairs. The amendment was finally lost.

6. Amendment No. 6 dealt with the finances of the I.C.N. as suggested by the report of the Treasurer. Discussion was lengthy and involved, practically every country contributing to it. The question referred to the amount of the annual dues of the I.C.N. As it stood the By-law read, "The annual dues from each active member of the I.C.N. shall be five American cents per capita, or the equivalent in the currency of the country represented."

As amended the following was added:

"The annual dues from each active member may be changed by the Grand Council without previous notice to the affiliated National organisations, provided the change is recommended by the Board of Directors and approved by a two-thirds vote of the Grand Council. Any change in annual dues shall not become effective until one year after such change is made." This amendment was adopted.

Notice of motion was given to the effect that all proposed amendments must be presented by a national association or an elected member, rather than by individual members. This concluded the important business of the Revision of Constitution and By-laws.

The Membership Committee presented its report recommending for affiliation the national organisation of nurses in Sweden, the Philippines, Greece, Brazil and Jugo-Slavia. The application of Japan and Korea was held for further investigation by the Committee. That of the Fascist Association of Nurses of Italy was refused on the ground that it is not a professional association of nurses from the point of view of the International Council of Nurses.

Considerable time was spent in the discussion of the management of *The I.C.N.*, the official magazine of the Council, published quarterly. It was rather comforting to note that *The Canadian Nurse* is not the only magazine where publication expenses are a source of anxiety Five recommendations were submitted by the Committee, all of which were accepted:

1. That the name of the magazine be changed from "*I.C.N.*" to "*International Nursing Review.*"

2. That the subscription price be raised to $2.00.

3. That a committee be appointed to study the question of some means (such as floating a stock company) of placing the magazine on a sounder economic basis.

4. That assistance be provided for the present Editor in the preparation of the magazine.

5. That the budget and accounts be kept at Geneva, and in Swiss francs.

The consideration of the report of the Finance Committee which suggested a probable deficit in the Budget, was one of the most important of the Council. Only one course was open, evidently, if a deficit threatened and that was to raise the annual fee of the member associations from the five cents per capita as it stood. The change in By-laws reported earlier gave the Grand Council this power. For some years a part of the expenditure necessary for the Geneva Headquarters of the I.C.N. had been borne by the Secretary. Many countries expressed the opinion that such a situation could not continue. All

were agreed that the International Council must be financed by the member associations, but all were aware of the effort which would be necessary if annual dues were raised. Finally the following motion was accepted unanimously—"That the Grand Council raise the dues of each affiliated member to 8 cents per capita, or its equivalent in the currency of the country represented."

Reports were received from the Public Health and Education Committees.

The Public Health report was submitted by Miss Mary S. Gardner and constituted the summary of 24 replies to a questionnaire sent out in 1926 to 30 countries regarding public health nursing history and organisation. All 24 countries replying reported public health nurses in service, the United States showing 12,000, the greatest number, and Great Britain 10,000, the second greatest number. The report dealt with the education of the public health nurse, the need for opportunity for post-graduate study, and stressed certain important details of organisation. Recommendations were made with regard to each, all of which were passed on to the new Board of Directors for action.

Miss Isabel M. Stewart (Columbia University) presented the Education report, a document which was very evidently the result of much research and consideration. The sections of the report—"Fundamental Principles in Constructing a Curriculum for Nursing Schools" and "Duties and Responsibilities of Professional Nurses" were considered so valuable as to be worthy of printing for distribution. "Facilities and Conditions Necessary for the Establishment of a Good School of Nursing" and "Standards of Teaching and Teaching Facilities" were sections which also received attention.

The Florence Nightingale Memorial was the subject of considerable discussion. Apparently the project was launched in 1912 when a committee was formed to study the question of a nurses Memorial to Florence Nightingale, probably in the form of the establishment of a Chair of Nursing in the University of London. The war interrupted the work of the Committee; it was not renewed at Helsingfors in 1925, but at the Interim Conference at Geneva in 1927 a new Committee was named to continue the study. The Committee had very little to report, but a letter from Miss Nutting was read containing the suggestion of a Memorial in the form of a Florence Nightingale Foundation, to be an International Centre for study and research in nursing and its kindred problems. At the headquarters of such a Foundation would be gathered together all Florence Nightingale's personal belongings, her books, manuscripts and portraits, to be preserved in a fitting manner for those of her profession yet to come. The Foundation would be created through the initiative of the International Council of Nurses, but would include on its Board of Trustees distinguished men and women of different countries, with probably some member of Miss Nightingale's family. The letter was appreciated by the Council and sympathy with the idea was expressed. A recommendation was passed asking the new Board of Directors to appoint a Committee to continue the study and suggesting that Miss Nutting's letter be referred to the new Committee.

At the request of the Council, a definition of the term "Trained Nurse" was presented by the Education Committee as a basis for discussion—"A nurse who during her period of training has received instruction and experience in at least four of the main branches of nursing, always including medical, surgical and children's nursing and who is prepared on graduation to enter the general practice of nursing and to undertake the fundamental duties and responsibilities which are common to nurses in all the main fields of nursing, including private nursing, hospital nursing and visiting nursing." The definition was not discussed but was forwarded to the incoming Board of Directors for consideration.

The final session of the Grand Council was held at 10 p.m. on Saturday, July 13th—just at the close of the Congress. The problem of financing the I.C.N., until the new increased fees were due, was the main subject under discussion. It was finally agreed that all affiliated organisations should be asked to make voluntary contributions to meet the deficit on the coming year's work.

Paris, France, and Brussels, Belgium, were chosen for the Seventh Quadrennial Congress in 1933.

The election of officers resulted in the following:

President, Mlle. Chaptal (France); First Vice-President, Miss Clara D. Noyes (U.S.A.); Second Vice-President, Miss Jean Gunn (Canada); Honorary Treasurer, Miss E. M. Musson (England); Honorary Secretary, Miss Christiane Reimann.

The voluminous and intricate business of such an enormous organisation as the International Council of Nurses was conducted in a notably expeditious but unhurried manner. In fact, it seemed rather remarkable that so many questions, influenced as they must all have been by the customs and usages of so many different countries could be so amicably and satisfactorily settled.

RUBY M. SIMPSON.

REPORT OF PROGRAMME COMMITTEE

Most of the business has been carried on by correspondence, but there was one meeting in Winnipeg on November 29th, 1929, and a conference with the Chairman of the Public Health Section on March 25th, 1930.

The programme was submitted to the executive for criticism and suggestion, and a few minor changes made.

The committee is most appreciative of the response received by those asked to take part in the programme, and of the co-operation of the Saskatchewan and Regina Nurses Associations.

The convener regrets that owing to change of duties she had to call on the executive secretary for assistance in connection with final arrangements, and wishes to express her thanks and appreciation of the assistance so given.

Films have been lent by Dr. Geo. Rohdenburg, Lennox Hill Hospital, New York; Petrolagar Laboratories Inc., and Davis & Geck.

Arrangements for the commercial exhibit were made by the executive secretary in conjunction with the convener of arrangements.

The members of the committee are: Miss Grant, Winnipeg, Chairman, Nursing Education Section; Miss Smellie, Ottawa, Chairman, Public Health Section; Miss Jamieson, Montreal, Chairman, Private Duty Section.

GRACE E. FAIRLEY,
Convener.

CREST COMMITTEE REPORT

Herewith are submitted several designs for approval. Should any of them be accepted, may I make the following suggestions:

(a) The designs can be reduced to any size (the engraver would advise the most suitable).

(b) Any colour may be used for the die if the C.N.A. should choose emblematic colours.

(c) They can be engraved or a cheaper cut (as zinc) used.

(d) I would be glad to make any changes suggested by the C.N.A. or necessitated by the printer.

In order to obtain a better representation of designs from various parts of the Dominion, a competition might prove satisfactory. A suitable prize could be offered to stimulate interest. This could be decided upon by the new committee.

MARJORIE DOBIE,
Convener.

Entertainment

An innovation for the General Meeting of 1930 was the holding of a banquet on the first evening, when the Saskatchewan Registered Nurses Association entertained for the visiting nurses.

At the reception which preceded the banquet the guests, numbering about 350, were received by Miss R. M. Simpson, President, and Miss Elizabeth Smith, President-Elect of the S.R.N.A., and Miss M. F. Hersey, President of the C.N.A.

The banquet hall presented a most attractive appearance with its candle-lit tables beautifully decorated with a profusion of flowers.

Miss R. M. Simpson, on behalf of the S.R.N.A., presided, and after welcoming the visiting nurses, she introduced several speakers, representative of various provincial departments: The Hon. F. D. Munro, Minister of Public Health for Saskatchewan, in representing Premier Anderson, brought greetings of welcome from the Provincial Government. Mr. T. D. Brown, of the Senate of the University of Saskatchewan, expressed his pleasure in representing the University, and extended a welcome on behalf of the Senate. The President of the Saskatchewan Medical Association, Dr. W. A. Dakin, brought fraternal greetings and welcome from the medical profession. His Worship Mayor McAra was unable to be present, but had attended the afternoon session, when he expressed a welcome in the name of the City.

The thanks of the visiting nurses for these messages of welcome to the City of Regina and to Saskatchewan were made by the President, Miss Hersey.

A number of social functions had been arranged, among which were: a tea at the new Nurses' Residence of the Regina General Hospital, and another at the Parliament Buildings, with the wives of the Cabinet Ministers as hostesses; a luncheon on Thursday, with the members of the Regina and District Medical Society as hosts, brought together about 250 persons: the visiting nurses greatly appreciated this hospitality from the Society, many of whose members were present; a dinner on Friday evening given by the Regina Branch of the S.R.N.A. was a thoroughly enjoyable event, many of the guests availing themselves later of a drive arranged by the hostesses of the evening.

There were also numerous group gatherings, one of which was a tea at the Armouries, where the local Nursing Sisters Club entertained in honour of former members of the C.A.M.N.S.

It may be, some will think, that with so much entertainment there would be little time for business meetings; however, this was not the opinion of the Chairman of the Board of Trustees of the Toronto General Hospital, who, after observing the way in which the nurses were attending business sessions, made arrangements for all who wished to do so to attend a theatre party. On Saturday afternoon and evening, following adjournment of the final session, a number availed themselves of this hospitality and spent several hours in enjoyable relaxation at a local theatre.

Educational Exhibits

Exhibits shown in the lobby of the convention floor of the Hotel Saskatchewan attracted much attention, and between sessions the exhibit floor was well filled with appreciative observers. The arranging of the exhibits was under the direction of a local committee, with Miss C. I. Stewart, Director of Nursing Service, Saskatchewan Red Cross, as convener.

Considerable space was occupied by an exhibit from the C.N.A., showing large, beautifully coloured posters of "Sairey Gamp," "Ursuline Sisters

Arriving," Service in Labrador, Victorian Order of Nurses in the Yukon, Montreal General Hospital, and the Toronto General Hospital in early days. Dolls, attractively dressed in uniform, designating the various nursing services, were also exhibited. Posters demonstrated health rules and habits, while literature and photographs displayed the aims, ideals and achievements of nursing.

The Red Cross exhibit showed a miniature log outpost; posters, scrap book and some folios sent from Red Cross Societies in Central Europe were displayed, and also a practical and inexpensive outpost.

Steps in health led the way to a gloriously healthy baby in the Public Health Exhibit, while improper food, formation of bad habits, etc., appeared on the opposite side.

The Canadian National Institute for the Blind showed an instructive display of Braille in its various uses —books and tape measure, thermometer, watch, and even dominoes had a place.

The Moose Jaw Normal School Health Department exhibited an attractively planned Health Boat entirely made of such products as soap, tooth paste, tooth brushes, etc., with a background of silhouettes for health teaching—all the work of students in preparation for teaching in public schools.

The Manitoba Nurses Association presented a large panoramic map showing the location and type of all buildings used for nursing services, as well as carefully compiled books from all schools of nursing in Manitoba.

Hospitals which prepared separate exhibits were: Toronto General Hospital and Saskatoon City Hospital. These consisted of case study forms illustrated with photographs, and charts for study of materia medica, respectively.

The Providence Hospital and the General Hospital, Moose Jaw, combined their display, which contained treatment trays and also methods of caring for hospital linen and patients' clothing.

The Maple Creek Hospital showed well kept clinical charts and copies of an enterprising student magazine.

Estevan Hospital showed a scrap book illustrating the history of the school.

Films

Whatever success has been attributed to the General Meeting is no doubt due, in a measure, to the breaking away from a regular, lengthy session each evening, the result being that delegates were not overly tired, and thus took a keener interest in daytime sessions.

The opening meeting on Wednesday was the only session held in the evening during the week. Thursday evening all those interested (full house) attended a showing of several films. This was arranged under the direction of Miss G. M. Fairley, convener of the Programme Committee, in order to demonstrate the place and value of films for teaching purposes in Schools of Nursing. Films shown were: "The Relation of Absorbable Sutures to Wound Healing," "Surgical Treatment of Peptic Ulcers," "The Normal Heart," "Preparing Specimens for the Hospital Laboratory."

Those responsible for the teaching of nurses who were present expressed approval of films for teaching purposes and representatives from several schools told of their successful use in class teaching.

It was decided that a committee should be appointed to make inquiry into the subject of the preparation of films for teaching purposes in schools of nursing, and the possible centralisation of the films so that they could be loaned to schools throughout the Dominion.

Reports—Provincial Associations

Graduate Nurses' Association of British Columbia

The usual work of the Association has been carried out for the past two years. Inspection of training schools and the carrying out of details of examinations for the title and certificate of Registered Nurse and renewal of same.

The three sectional committees have had the usual number of meetings at the time of the general meetings of the Association three times a year.

HELEN RANDAL,
Registrar.

Manitoba Association of Registered Nurses

In the past two years the Association has been active in the work for the betterment of the nursing profession in the Province of Manitoba.

The Association has succeeded in raising the standard of education for the student nurse to two years high school as a preliminary. When legislation enacting this was secured, the name of the Association was changed to The Manitoba Association of Registered Nurses, replacing the former title of Graduate Nurses.

The question of securing an educational advisor for training schools in the Province is a subject which has been of great interest to the members for some time. The final plans, however, are held in abeyance pending the report of the Survey on Nursing Education in the Province.

A minimum curriculum for training schools has been compiled and will be printed shortly.

Monetary assistance is contributed each year to the support of a native nurse in India and reports of this nurse are very gratifying.

The New Canadian Girls' Club in Winnipeg, continues to receive assistance from the Association, and according to the reports received, well repays the expenditure.

STELLA GORDON KERR,
Secretary-Treasurer, Registrar.

The New Brunswick Association of Registered Nurses

Reporting briefly for the New Brunswick Association of Registered Nurses for the period 1928-1930, the following may be stated:

Routine work has been carried on through the Executive Council which meets quarterly. The membership of the Association is slowly increasing and the financial position has improved considerably.

The three standing committees—Public Health, Private Duty, and Nursing Education have their separate reports to submit. The Committee on Legislation and Bylaws has passed through a very busy period since 1928. The objective at present occupying the immediate attention of the Legislation Committee and the keen interest of all members of the Association is the securing of amendments to the present Registration Act, which will provide for the following:

1. Compulsory Grade X Certificate for all applicants for Registration Examinations.
2. Provision for a more satisfactory and longer time limit for the filing of applications for examination.
3. Compulsory registration through membership in the Association.
4. Provision for writing the examinations by student nurses within three months of graduating.
5. That the daily average of occupied beds for provincial hospitals which conduct training schools for nurses shall not be less than fifty.
6. Withdrawal of the residential qualification of three months residence in the Province for candidates applying for registration.
7. Withdrawal of the waiver permitting registration without examination.
8. Provision for associate membership for non-active members.

Arrangement of the detail in connection with the above changes to be asked for at the earliest moment possible from the legislators of the Province has been the chief activity.

The Joint Committee of Members from the New Brunswick Association of Registered Nurses and the Provincial Red Cross has met, and plans are now in operation for the enrolment of registered nurses for duty in war, emergency or disaster.

MAUDE E. RETALLICK,
Secretary-Treasurer, Registrar.

The Registered Nurses Association of Nova Scotia

One hundred and one new members were registered in the year 1928-1929. Of these nine were admitted by waiver and ten through reciprocity with passing of examinations in Ontario, Massachusetts, Rhode Island, New York or New Jersey. Nine were removed by written request from the Register, and three were lost through death.

Sixty-three new members were registered in the year 1929-1930. Nine of these were admitted by waiver and thirteen, through reciprocity, having passed examinations in British Columbia, Quebec, New Brunswick, Ontario, Massachusetts, New Hampshire, Pennsylvania, New Jersey, or Scotland. Two have been lost through death.

The rebuilt Highland View Hospital, in Amherst, was opened in June, 1929, with Miss Anna R. Hillcoat as its new superintendent.

Two schools have been placed in Class "A" (having 50 beds or more): Payzant Memorial Hospital, in Windsor and St. Rita Hospital, in Sydney. The enlargement of these hospitals removes the necessity of affiliation with other general hospitals for six months, as was required previously. The Hamilton Memorial Hospital School, North Sydney, will shortly come into Class

"A" also, having completed very recently the building of additions which will bring its capacity to 50 beds.

Work has begun on the formation of a Red Cross Nursing Emergency Corps for war or disaster.

Efforts have been made this year to secure an Advisor or Inspector of Training Schools. Correspondence has been carried on amongst the three provinces of New Brunswick, Prince Edward Island, and Nova Scotia, regarding this matter. These provinces have been asked to form a Maritime Board for Training schools with the securing of an Advisor to Training Schools as the first objective. Favourable replies have been received from both New Brunswick and Prince Edward Island, but scarcity of funds is one of the biggest obstacles to date. It has been thought advisable to await the Survey of Nursing of this Province by Dr. Weir in July of this year (1930), before taking definite action.

Preliminary work of the Survey of Nursing has brought about the circulation of many questionnaires amongst individual nurses, both those in private duty practice and those on staff duty in institutions. Nurses, doctors, superintendents and members of hospital boards are all being aroused to existing conditions about them. The recently formed Hospital Association is also looking into the management of hospitals and thereby obtaining much information relating to the nursing situation. Much is hoped for from the Survey.

L. Flora Fraser,
Registrar.

Registered Nurses Association of Ontario

The Board of Directors of the Registered Nurses Association of Ontario, composed of the Officers of the Association, Chairmen of Sections and a representative from each District, hold four meetings a year. These meetings are well attended, probably due to the fact that the travelling expenses of the members of the Board are paid by the Association.

The development of the Association is reflected in district and section activities and in the work of the standing and special committees.

1. Districts: The Province is divided into nine districts, similar to the districts of the Ontario Medical Association, all of which show growth in membership.

Special mention should be made here of the nurses in District 8 who in 1929, besides contributing $941.00 towards the special finance fund for the expenses of the International Council of Nurses Congress in Montreal, collected over $1,300.00 to entertain the Grand Council of the International Council of Nurses in Ottawa. They had the privilege of entertaining 75 members of the Grand Council who spent a day in Ottawa as their guests.

A Hospitality Committee was formed by the nurses of District 5 residing in Toronto. This Committee looked after any of the nurses from other countries, who passed through Toronto following the Congress. If necessary, arranged hospitality for them, and when possible made arrangements for them to visit other points of interest in the Province.

2. Sections: (a) Nursing Education Section.—This Section is planning with the co-operation of the Extension Department of the Toronto University and the Director of the Course for Nurse Instructors and Hospital Administrators to provide a Refresher Course this autumn.

(b) Private Duty Section.—At the annual meeting this Section went on record as keeping an open mind on the subject of group nursing while waiting the result and recommendation from the National Survey Committee before expressing their own opinions. It is brought to the attention of the members that in all hospitals it is difficult to obtain nurses for floor duty; this is especially true in rural districts. A committee was appointed to study the reason why this form of duty is not more acceptable.

Plans are under way, with the co-operation of the Extension Department of the University of Toronto, for an extension course in the late summer.

(c) Public Health Section.—The chief activity of the Executive of this Section was the sponsoring of a University Extension Course for Public Health Nurses held at the University of Toronto, April 28th to May 3rd, 1930. The enrolment for full-time students was 57, part time 11, and this group represented nurses from practically all over Ontario.

3. Standing Committees: (a) Membership Committee.—At the fall meeting of the Board of Directors in 1928 a campaign was planned to obtain renewals of membership and new members; as a result membership was increased by 277 new members and 180 renewals of membership. The Committee recommended:

(1) That a letter be sent to nurses who, having obtained their provincial registration, registered in the province, to try to stimulate interest in the Association, also to enclose a folder entitled, "Do You Belong," giving the aims of the organisation: Why a nurse should belong to the professional organisation of the Province; and the requirements for active membership in the Registered Nurses Association of Ontario;

(2) That a small annual membership card be sent by the Provincial Secretary to each member as her renewal fee is received by her, and to the new member when her application is approved by the Board of Directors.

In 1929 membership was 1,760, new members 604, renewals of membership 1,156. As so many nurses had joined since 1926 and failed to renew their membership yearly, a letter was sent to 628 members in arrears; as a result 160 of these have renewed thier membership. In 1928 affiliation fees to the

Canadian Nurses Association were paid for 1,387 members, and in 1929 fees were paid for 1,760, showing an increase of 373 members.

(b) PUBLICATION COMMITTEE.—The convener of the Publication Committee has requested that all news items from Districts, Hospitals and Alumnae Associations be sent to her so that she may classify them according to Districts. This prevents possible duplication of items and also assists the Editor of "The Canadian Nurse".

4. SPECIAL COMMITTEES: (a) Special Finance Committee to raise money for the expenses of the International Council of Nurses' Congress in Montreal in 1929 reported that $6,463.66 had been sent to the Treasurer of the Special International Council of Nurses' Finance Committee.

(b) Committee to consider means of providing scholarships for the two Provincial Universities for Nurse Instructors. At the annual meeting in 1930 it was recommended that the Registered Nurses Association of Ontario work towards a special Permanent Education Fund and that a special committee be appointed to undertake this work. A member was appointed to convene this committee to consider ways of raising a sufficient amount for this fund. It was suggested that the Districts be levied a dollar per capita per annum for five years. The amount to be raised by the Districts by whatever method they wish.

(c) National Enrolment of Nurses for service in emergencies. A committee has been appointed to act in conjunction with the Ontario Division of the Canadian Red Cross Society.

MATILDA E. FITZGERALD,
Secretary-Treasurer,

Graduate Nurses Association of Prince Edward Island

During the year 1928-1929 three meetings of the Association were held, fourteen new members being added to the roll.

A delegate was sent to the Biennial Meeting held in Winnipeg in 1928, and a very excellent report was brought back to the Association. Changes in the rates and hours for private duty nurses were brought about in that year.

In 1929-1930 the annual meeting and four quarterly meetings were held, the attendance being fair at all meetings. Seventeen new members joined the Association; owing to many of the nurses leaving the Island for larger centres the total annual paid-up membership remains unchanged.

The chief subject for discussion at the last annual meeting was the proposed formation of a Maritime Council for Training Schools, and its first duty, the appointment of an inspector. The suggestion comes from Nova Scotia and New Brunswick: it is hoped before long that Prince Edward Island will be able to join these provincial associations in the formation of this Council.

The Association was well represented at the I.C.N. Congress in 1929, and a donation was made towards the Congress' expenses.

In the May number "The Canadian Nurse" kindly consented to reproduce a facsimile of a letter in which Her Late Majesty Queen Victoria thanked the Colony of Prince Edward Island for Red Cross supplies sent to the Crimea during the war. The original certificate hangs in the old Legislative Council Chamber in Charlottetown.

ANNA MAIR, Secretary.

Association of Registered Nurses for Province of Quebec

The work of the individual members of the Association during the years 1928 and 1929 was increased considerably on account of preparations for the Sixth Congress of The International Council of Nurses, which met in Montreal in July last. Quebec Province nurses will never forget that wonderful experience.

The professional activities of the work of the Association are increased materially, and therefore more interesting because the work must be done in two languages. The correspondence, applications for registration, certificates, conversations, reports, examinations, etc., are all carried on in French and English, with representatives from both groups of nurses on the Board of Management.

The annual meetings of the Association are held in January and cover two days. These meetings are very well attended, and consist of the usual reports, etc., being read the first day, in the afternoon, with outstanding speakers in the evening. The second day is usually given over to round table discussion, conducted so that all may be able to attend the discussions conducted by the three distinct sections, which are in both languages. Usually the annual meeting is concluded with a tea.

The Board of Management meets on the first Monday of every month, except during July and August. As the entire administration of the law governing the registration of nurses in the Province is in the hands of this Committee these monthly meetings are usually very busy ones.

There are six sub-committees of this Association, namely: Sections on Nursing Education, both French and English, with conveners of each. These sections meet four times a year; their reports, which record considerable activity, are presented by the conveners, who attend the meetings of the Board of Management every quarter.

Sections on Private Duty Nursing, both French and English, meet also every three months, with an occasional extra meeting of the English section, to hear some exceptionally interesting speaker. or to view demonstrations in modern nursing procedures. The reports of these meetings are also presented by the conveners at the meetings of the Board of Management every quarter.

The Public Health Section of the Association is under one convener (English). This section is a particularly active one, with general meetings held every two months, and

reports submitted by the convener at the meetings of the Board of Management.

The Finance Committee consists of three members of the Board of Management who prepare a budget, etc., and advise regarding the financial standing of the Association.

Two scholarships of $250.00 each are presented each year, one to a French-speaking member, towards a post-graduate course in the School of Hygiene, University of Montreal, and the other to an English-speaking member towards a post-graduate course at McGill University School for Graduate Nurses.

There is usually keen competition regarding qualifications for these scholarships, the members being very interested in post-graduate education.

The work of Voluntary National Enrolment is well under way, but has been in a measure hindered on account of the need to have the pamphlets and applications translated into French.

All meetings of the Association are held in Montreal, except one general meeting a year, which may be held outside the city if a group of members in any other city or town so desire it.

There are at present twelve English schools and nineteen French schools registered by the Association, and six more French schools under consideration.

Examinations are conducted in April and October, with 125 to 150 candidates usually from each group.

The Association accepts those graduates from approved French schools who take the examination of the University of Montreal and Laval, Quebec. These are held once a year, with over 135 candidates taking examinations at the University of Montreal.

As the work of the Survey of Nursing Education has just started in this Province there is nothing to report in this regard at the present time.

The Association of Registered Nurses for the Province of Quebec has gone on record as approving the suggestion that membership in the Canadian Nurses Association shall be through Provincial Associations only.

Registrations in 1929:

By Examination	219
By University Affiliation	90
By Reciprocity	52
Without Examination (Waiver)	16
Total Paid Members	2,311

E. FRANCES UPTON,
Registrar and Executive Secretary.

Saskatchewan Registered Nurses Association

Annual Conventions of the S.R.N.A. were held in 1929 and 1930. An Institute of three days' duration was held in 1929 in connection with the Convention. A topic was chosen for each Section, Private Duty, Public Health and Nursing Education, and a speaker secured for a series of lectures on each topic. The attendance at the Institute was excellent.

Ten meetings of the Council were held during the two years.

An effort to increase the paid-up membership was made in 1929, when all nurses in arrears were circularised. A special letter regarding "The Canadian Nurse" and a subscription blank were enclosed with notice of fees to each nurse on the register in 1929.

An essay contest for nurses on the subject of Maternal Mortality was sponsored by the Saskatchewan Registered Nurses Association, aided by the Local Council of Women and a Regina doctor in 1928, as a means of stimulating interest in this important question.

At the annual meeting, April, 1929, it was decided to award a scholarship of $500.00 to a Saskatchewan nurse for a course at a Canadian University. The first award was made to Miss Edith Amos, a graduate of Saskatoon City Hospital, 1923, who attended the School for Graduate Nurses, McGill University. The terms of the scholarship require that the student return to Saskatchewan to work for at least two years in a School of Nursing. It is the hope of the Association to make this award annually, alternating Public Health and Teaching Courses.

To insure more effective functioning of the Nursing Education Committee, the province was divided into five sections; the Nursing Education Committee to consist of five members, one from each section, who are superintendents or instructors of nurses. The supervision of the curriculum of Schools of Nursing is to be one of their duties.

E. E. GRAHAM, Secretary.

NOTE.—Reports from other federated Associations will be published next month.

GERMAN NURSES' CLUB IN BERLIN

[The following announcement, received from the Secretary, The International Council of Nurses, was inadvertently omitted from the August number—Editor.]

The German Nurses' Association (Berufsorganisation der Krankenpflegerinnen Deutschlands, 63 Hanauerstrasse, am Heidelbergerplatz, Berlin-Wilmersdorf) wish to make it known that in their Club they have reserved five rooms for the accommodation of foreign nurses passing through Berlin.

The Club is pleasantly and openly situated, most conveniently next to an underground station as well as other means of communication, street cars, etc. The price for a single room, with modern conveniences, including running hot and cold water, is one dollar a night. The price for meals, which can be taken or not as desired, are also very moderate.

A Sense of Values

By ETHEL JOHNS, Director of Studies, Committee on Nursing Organisation of the New York Hospital.

It is a pleasant custom in Central Europe to offer the guests assembled for a banquet a table spread with hors d'oeuvres. They please the eye and prick the palate. They prepare for the good things to come. Here is a salted herring, here an olive, a fat pink prawn or a sharply acid gherkin. You wander up and down wondering which to choose and usually end by eating far too many, although everything is designed to stimulate appetite without cloying it: to give *a sense of values* for the feast that is to come.

In just such a manner I come before you tonight, balancing my little tray, offering nothing much by way of sustenance, but hoping that what is said now by way of introduction may play its humble part in sharpening our sense of values. Because we are going to need one. Canadian nurses and nursing are not surveyed every day. Dr. Weir has given us something to ponder over for the next few months. Something that will require critical study, weighing, measuring, balancing—in a word—a sense of values—and the courage and will to exercise it.

Let me try to illustrate just what I mean. A survey, no matter what its particular technique, does certain things. It attempts to give a true and unprejudiced picture of existing conditions, it explains the underlying causes of these conditions and, by implication at least, suggests a course of action. The greatest compliment then that can be paid to any survey is not to swallow it whole but to study it critically—to analyse, to weigh, to measure it. If we are to take it seriously, and that is how we should take it, we shall need a balance and a measuring rod, a sense of values by which to interpret its findings before we can safely translate those findings into terms of action.

For no survey is an end in itself. Unless its recommendations are in some measure carried out in practice it cannot be said to have fulfilled its purpose. Any action which may affect not only nurses but the people whom they serve can only safely be undertaken with a clear understanding of the relative values inherent in the situation.

What values? Let us name a few of them. Let us even be bold and begin with economic values. Values in terms of money.

In the past we nurses have been a bit mealy-mouthed and snobbish when it came to talking frankly about the financial aspect of nursing. We, like the hospitals, like the doctors, have been unwilling to face the demands of a changing social order which insists, and not against reason, that every public service, whether professional in its character or not, must be based on sound economic principles. And what are these principles? Briefly these: for the nurses the right to such working conditions as will ensure steady employment, reasonably good living standards, and suitable provision for sickness and old age; for the public the right to skilled nursing care at a reasonable cost. We shall do well to listen to what the public has to say about the high cost of sickness. "They have reason," as the French would say. Read the articles in current magazines written by laymen and laywomen: they have a sense of values too. There even seems to be a general impression that we nurses are being weighed in the balance and found wanting.

There are those who will say that the interests of the nurse and of the public are mutually antagonistic. Perhaps they would be less so if we really faced the economic situation, and admitted to ourselves, and to the public, that the present method of meeting the cost of sickness needs revision and needs it badly. If that

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(An address given at the Biennial Meeting of the Canadian Nurses Association, June 25th, 1930.)

revision calls for the abandonment of some of our cherished individualistic notions it does not necessarily follow that our professional standards are threatened. This business of doing a good day's work for a decent wage is like the salted herring on my tray. An honest, homely fish and nothing to be ashamed of. I commend him to your favourable notice.

Now let us turn to professional values. I belong to a generation which has striven very hard to attain professional standards in education for nurses. We believed, some of us, that the road to that attainment lay through the universities. In spite of some discouraging experiences both in this country and in Europe I still believe it does, though I am not at all sure that we trail blazers were altogether on the right track. Nursing now has a measure at least of university recognition, but perhaps our sense of educational values is a little keener than our sense of values in nursing practice.

You know the English nurses are a bit concerned about the Canadians. They say that as a result of certain influences Canadian nurses are losing their sense of real values, that we overemphasize certain educational and professional standards and are willing to sacrifice our birthright for a mess of scientific pottage. That is as may be. I hand it to you as the sharply acid little gherkin on my tray. You are not bound to accept it.

If my gherkin tastes a bit sour, here is the rosy pink prawn nicely set off by its green lettuce leaf, like a little bouquet—of praise perhaps. Canadian nurses have been much praised. Real praise, not flattery. It used to warm my heart overseas to hear returning European visitors say: "The Canadians are the best of all." American nurses who went to the International at Montreal last year said: "The Canadians were magnificent." And so they are. But wasn't there a King who died of a surfeit of prawns—or perhaps it was lampreys. In any event, just to ward off indigestion, we ought to listen to a wise Canadian nurse, Eunice Dyke of Toronto, who said to an admiring foreign visitor: "Perhaps we have been praised more than is good for us."

Let us make one good resolution. Let us give our most careful study to those findings in the *Survey* with which we find ourselves most in disagreement. A very natural reaction to any statement of fact that does not please us is to challenge its accuracy. The response to the nursing survey now being conducted in the United States illustrates my point. Hospital authorities there say of the report of the Grading Committee: "A very fine report—except of course its findings with respect to over production of nurses by the hospitals and consequent unemployment. Quite wrong there of course." Private duty nurses on the other hand say that the part about the sins of the hospitals is splendid but that the section dealing with private duty is not so well done. And so on all down the line.

Slowly but surely, and whether we like it or not, the conviction is being borne in upon nurses in many lands that the professional group in any given country must concern itself more actively than in the past with regard to the *quality of nursing work and practice* as distinct from education. Perhaps our sense of values is not quite as sensitive as it should be with respect to the kind of work nurses are doing once they cease being "educated" and begin to practice. Yet, as a profession we must stand or fall *according to the sort of work we do and not according to the educational ideals we pursue.*

Let us be alert and open minded to what the *Survey* has to say concerning our work and our manners after we escape from the wholesome restraint of the training school. If it appears necessary to devise ways and means of disciplining ourselves in order to check certain abuses which may have crept in—well—courage is a nursing virtue. Discipline is a good

(Concluded on page 501)

Fact, Fiction and Opinion Regarding Nursing Education

Notes on an Address by Dr. G. M. WEIR, Director of the Survey of Nursing Education in Canada.

When you honoured me with an invitation to address the Canadian Nurses Association, the chief condition of my acceptance of that honour was that any statements made by me were, in the present incomplete stage of the *Survey, to be regarded merely as tentative and as subject to possible modification when more complete evidence and factual data were received.* At the present time, therefore, in both my addresses, I am not giving you specific conclusions, based on the results of our investigation, but am endeavouring rather to show that many opinions on Nursing Education and nursing conditions generally, heretofore expressed, are practically nothing more than pious guesses, often contradictory in character, which show the need for an objective and scientific appraisal of the facts and factors involved in the nursing situation in Canada. Nor is it my duty at the present time to show what may ultimately prove to be fact and what may be merely fiction when the *Survey* is completed. The second part of my address, however, will strongly incline toward the factual and statistical.

I

Fact, Fiction, and Guesses

As an indication of the various opinions, held by doctors and nurses throughout Canada, I am giving a brief analysis of the answers to a score or so of the items contained in the preliminary or general questionnaire issued from Vancouver before the *Survey* was formally commenced. As previously stated, the object of this questionnaire was for orientation or introduction purposes: *i.e.*, what do nurses and doctors think of some of the many problems requiring investigation? For this purpose the responses of twenty-five to thirty nurses and of the same number of doctors are considered. Certain doctors and nurses did not answer all the items in question, but the majority submitted replies in each case. Furthermore, these doctors and nurses are representative of their respective professions and are scattered throughout Canada. Each province is represented in the answers submitted.

To the general question: "Do the Nursing and Medical professions agree (in general) on the essential principles underlying Nursing Education in Canada?"

The doctors replied as follows: Yes, 18; No, 6; Doubtful, 4.
The nurses replied as follows: Yes, 6; No, 15; Doubtful, 8.

It is obvious then, that either the doctors or nurses were mistaken as to the other profession's viewpoint. Nurses are perhaps somewhat deferential and inclined to be reticent when discussing their problems with others, especially with doctors, but it does not follow here that silence means agreement.

Note the differences of opinion, or in certain cases the large measure of agreement, as between doctors and nurses, regarding the following items which are submitted with the minimum of comment. The need for an objective appraisal of the facts should become evident after an investigation of these responses.

(*a*) "Are the R.N. Examinations, as you know them, satisfactory?"

Doctors: Yes, 10; No, 10; Doubtful, 4.
Nurses: Yes, 19; No, 2; Doubtful, 4.

A number of the nurses have, to my knowledge, recently changed their opinions.

(*b*) "Are the nurses that have come under your observation reasonably qualified in the following respect: Skill in observing symptoms?"

Doctors: Yes, 10; No, 6; Doubtful, 9.
Nurses: Yes, 19; No, 1; Doubtful, 5.

Possibly the doctors are the better judges here.

(*c*) "Do nurses recruited from rural or village areas (farming communities) prove superior, on the average, to those recruited from urban areas?"

Doctors: Yes, 13; No, 6; Doubtful, 6.
Nurses: Yes, 1; No, 19; Doubtful, 5.

(*d*) "Is the nurse likely to lose her initial zeal before her course in the average training school is completed?"

Doctors: Yes, 11; No, 11; Doubtful, 1.
Nurses: Yes, 9; No, 9; Doubtful, 6.

After all, these answers may be justifiable as much depends on the type of training school, which shows a wide variation in preliminary educational requirements and training standards. Drab uniformity in training standards or methods kill initiative, but a variation in standards, amounting almost to chaos, is quite indefensible.

(*e*) It is interesting to note the responses to a number of vexed questions relative to the education of the student-nurses. The responses are weighted in each case and expressed in percentages of what should be accepted as a desirable standard.

(1) "Care not to make the student-nurse an economic asset to the hospital by doing menial (servant girl) work in which she is already sufficiently proficient?"

26 doctors estimate only 50% of a satisfactory condition prevails.

25 nurses estimate only 51% of a satisfactory condition prevails.

This is a case of practical unanimity.

The Director of the *Survey* is endeavouring to weight the reactions of several thousand student-nurses themselves regarding this question.

(2) "Relative proportion of *theory* in general training of the nurse. (Indicate whether too much or too little)."

21 doctors regarded the above proportion as only 44% satisfactory.

10 nurses regarded the above proportion as 65% satisfactory.

The nurses obviously hesitated to answer this item. The majority of doctors believed too much theory was required.

(3) "Relative proportion of *practice* in the general training of the nurse. (Indicate whether too much or too little)."

22 doctors regarded the above proportion as 55% satisfactory.

7 nurses regarded the above proportion as 68% satisfactory.

Note how reluctant the nurses were to venture an opinion.

(4) "Does the average training school for nurses possess a scientific and reasonably efficient system of changing or promoting student-nurses from one level of training to a higher level?"

Doctors: Yes, 15; No, 7; Doubtful, 4.
Nurses: Yes, 8; No. 11: Doubtful, 6.

(5) "From the viewpoint of efficient training (rather than an economic asset to the hospital) is the average student-nurse on duty too many hours in the day?"

Doctors: Yes, 17; No, 8; Doubtful, 1.
Nurses: Yes, 10; No, 15; Doubtful, 0.

The majority of doctors and nurses practically agreed that the 8-hour period on duty (including lectures) was the most satisfactory one.

(6) "Is the graduate of the large hospital training school (say with 200 beds or over) ordinarily superior to the graduate of the small hospital training school'??

Doctors: Yes, 14; No, 4; Doubtful, 4.
Nurses: Yes, 17; No, 4; Doubtful, 0.

While the majority of those who answered had obtained their experience chiefly in connection with the larger hospitals, they endeavoured not to let this factor influence their judgment.

The question of the training school connected with the small hospital is a pertinent one for further investigation. Note some of the amazing results of the psychological examinations as given below.

(7) "From the *cultural* viewpoint, as opposed to the merely practical or *utilitarian*, indicate the quality of the courses ordinarily given to student-nurses."

The responses were weighted and expressed in terms of percentages both for this item and that following.

23 doctors rated the cultural standard as 42% adequate.
22 nurses rated the cultural standard as 38% adequate.

(8) "From the viewpoint of developing *initiative and character* in the student-nurses rather than of promoting *mechanical efficiency and the acquisition of knowledge*, indicate the quality of the methods of teaching (lecturing, demonstrating, etc.) ordinarily used in the average training schools for nurses. (Answer in the light of your own experience and observation.)"

24 doctors regarded the above standard as only 41% adequate.
20 nurses regarded the above standard as only 49% adequate.

(*f*) I now add a few items that have a relationship, at least indirect, to *State Nursing*. The latter term is very vague, but at present I shall not attempt to define it.

(1) "Does the rural situation warrant a greater measure of state intervention or direct state control of nursing services?"

Doctors: Yes, 17; No, 6; Doubtful, 3.
Nurses: Yes, 17; No, 1; Doubtful, 4.

(2) "Is the nursing profession losing the personal or human touch, or becoming commercialised?"

Doctors: Yes, 14; No, 5; Doubtful, 7.
Nurses: Yes, 8; No, 15; Doubtful, 2.

The inference is that there should be some organised method of controlling nursing fees. In fairness to the doctors it is necessary to state that, in their majority opinion, the nursing profession is no more commercialised than is the medical or other professions, and that such commercialisatoin is due chiefly to the alleged prevailing spirit of the times.

(3) "Are you in favour of *compulsory health insurance?*"

Doctors: Yes, 17; No, 0; Doubtful, 4.
Nurses: Yes, 15; No, 0; Doubtful, 4.

(4) "Are you in favour of the municipalization of hospitals (giving treatments at a nominal cost) in conjunction with compulsory health insurance?"

Doctors: Yes, 17; No, 1; Doubtful, 5.
Nurses: Yes, 16; No, 0; Doubtful, 2.

(5) "Are you in favour of placing under direct state control and socialising the services of all qualified nurses?"

Doctors: Yes, 4; No, 17; Doubtful, 2.
Nurses: Yes, 9; No, 4; Doubtful, 4.

The problem here is to eliminate, so far as possible, partisan control and manipulation, perhaps a more serious problem to the medical men than to the nurses who replied to the questionnaires. The taint of partisanship must be excluded if the health interests of the people are not to be sacrificed.

(6) "Are the average fees charged for skilled nursing services (by graduate nurses) too high for the person of average means?"

Doctors: Yes, 16; No, 6; Doubtful, 2.
Nurses: Yes, 11; No, 11; Doubtful, 1.

Obviously the *Survey* must find out the answer to this question from the public. But one essential should be kept in mind: human nature, which believes it can afford cars and radios, objects, or only reluctantly consents, to the payment of money for gasoline, radio licences, and taxation in general. The hoarding instinct is strong in the great majority of human beings.

(7) "Should the above regulations (regarding the Nursing Profession) be made Dominion-wide, *i.e.*, through legislation permissive with the various Provinces?"

Doctors: Yes, 13; No, 2; Doubtful, 1.
Nurses: Yes, 17; No, 0; Doubtful, 0.

It should be remembered that matters of health and education fall generally within the jurisdiction of the Provinces—under the British North America Act—and that any Federal Bureau for controlling or directing nursing education could exercise only advisory functions unless and until the various Provinces passed the necessary enabling legislation clothing such a Bureau with legal authority. This matter bristles with constitutional difficulties.

(8) "Should all training schools, before being accredited and registered by a central bureau, be inspected and reported on by:

(*a*) Technically qualified *federal* inspectors?"

Doctors: Yes, 14; No, 2; Doubtful, 1.
Nurses: Yes, 16; No, 1; Doubtful, 0.

(*b*) "Technically qualified *provincial* inspectors?"

Doctors: Yes, 13; No, 1; Doubtful, 1.
Nurses: Yes, 18; No, 1; Dountful, 1.

The desire for greater uniformity and standardisation is obvious, but the solution is by no means so simple as merely by setting up federal machinery. A process of education also appears desirable: education of nurses, hospital boards, and of the general public.

(*g*) The following question was asked as a preliminary to a comprehensive cost-accounting study of nursing education throughout Canada: "In the case of the smaller hospitals would the comparative cost be lower by staffing entirely with graduate nurses rather than by maintaining a training school?"

Doctors: Yes, 9; No, 6; Doubtful, 1.
Nurses: Yes, 5; No, 3; Doubtful, 13.

(*h*) The following question is also vitally related to the training of student-nurses and obviously has an economic relationship to the immediately previous question: "Should the number of training schools for nurses be reduced?"

Doctors: Yes, 13; No, 7; Doubtful, 1.
Nurses: Yes, 16; No, 4; Doubtful, 1.

Why, it might reasonably be asked, should the number of schools for the training of student-nurses exceed that for the training of student-teachers? Should the public not be taught that efficient schools cannot be cheap, and that inefficiency here is a menace to public health? Should the teaching of student-nurses be left largely, as in many of the smaller schools at present, to the overworked nurse and preoccupied medical man? An actual study, based on a 20-point scale, of the quality of the instruction in certain representative nursing training schools observed, as compared with the teaching efficiency of 250 graduate students of education in a Canadian university, was 65% (nursing instruction) as opposed to 77% in the case of the university students. The rating of the Director of the *Survey* was also more generous than that given by the doctors and nurses of the quality of nursing instruction as revealed by the responses to the following: "Estimate the teaching qualifications of the average *instructor* in training schools for nurses".

The answers were weighted in terms of percentages as follows:

19 doctors rated the above instruction as 51% efficient.

20 nurses rated the above instruction as 63% efficient.

Hence the average for doctors and nurses was about 57 per cent. While the above is only a pious guess, it is at least probably suggestive of actual conditions in a number of training schools.

(*i*) In connection with matters of *group* and *hourly* nursing there was a large degree of agreement (in favour) among nurses and doctors.

(*j*) In relation to the payment of nurses the guesses of the doctors and nurses are interesting. The *Survey* is studying the facts of the situation and will present definite findings on the economic status of the nurse.

(1) "Are nurses in your community as well paid (consider the total *annual* remuneration, time on duty, cost of living, training, experience, etc.) as public school teachers?"

(2) "Considering their average experience, maturity, training, nature of the service, cost of living, opportunities for recreation, etc., should the average graduate nurse be *better* paid than the average public school teacher?"

The responses to (1) were as follows:

Doctors: Yes, 11; No, 8; Doubtful, 4.
Nurses: Yes, 8; No, 2; Doubtful, 4.

The responses to (2) were as follows:

Doctors: Yes, 12; No, 7; Doubtful, 3.
Nurses: Yes, 17; No, 3; Doubtful, 0.

(*k*) In closing this part of my address, dealing largely with fiction and opinion, I must also mention the preliminary education of the student-nurse. Doctors and nurses, who reported, favoured the following minimum standards:

	Doctors	Nurses
Grade VIII	1	0
1 year in High School	0	0
2 years in High School	5	0
3 years in High School	5	6
Junior Matriculation	12	19
Senior Matriculation	3	2

As a parting shot, it is perhaps excusable to give the appraisal, weighted on a 4-point scale and expressed in percentages, of the number of doctors and nurses regarding the efficiency of the ordinary hospital board. The item is as follows: "Estimate the efficiency of the administrative qualifications of the average Board of Hospital Governors."

21 doctors rated the average efficiency as only 47% of an adequate standard.

17 nurses rated the average efficiency as 68% of an adequate standard.

If the above ratings are valid, and allowance must be made for the prejudices involved, the efficiency of the hospital boards in question (fortunately not all hospital boards were under review) is under 60% of an adequate standard.

II

I now turn from this welter of conflicting opinion, fact, and pious guesses to a more factual aspect of the *Survey*. While the data given below applies to only one Province—the only Province where the psychological examinations have been checked—similar studies are under way in the other Provinces, and it is confidently expected that the final *Survey Report* will lift the matter of the student-nurses abilities, preliminary education, etc., out of the twilight zone of bias, impression, mere opinion, and pious guessing. In the time at my disposal I can give you only a few facts; but these are, in my judgment, very significant.

There has, until very recently at any rate, been a rather prevalent impression among the laity and even certain professional people, that any kind, dependable, placid, and tractable girl can be trained to become a good nurse, even if she is somewhat dull or of low intelligence. Of late, however, this misconception is tending to disappear, although it still lingers in a few sections of Canada. The majority of thinking people regard intelligence as a vital factor in the qualifications of the nurse. Life is rightly considered as too important to be entrusted to the ministrations of the sub-normal type of nurse, however well-intentioned and placid the latter may be. Democracy has been defined as "the blessed privilege of making our own mistakes"; but when such mistakes cost lives or unnecessary suffering, democracy is rightly becoming more critical and exacting.

The following data refer to 704 student-nurses in three (3) groups of training schools:

Group I:	Hospitals under 50 beds	66 students
Group II:	Hospitals from 50 to 300 beds	327 students
Group III:	Hospitals with more than 300 beds	311 students

Certain vital questions, that cannot be ignored in any thorough Survey of Nursing Education, are such as the following:

(*a*) Do students taking the Nursing Training compare favourably with students, of corresponding ages, in the high schools, normal schools, and universities?

(*b*) If the nursing students compare unfavourably in intelligence—and hence are unable to compete satisfactorily, in an academic sense, with the other groups of students mentioned above—will there be a tendency for the students of lower intelligence to gravitate towards Nursing Education? Such students obviously would be excluded from the upper years of the high schools, and from the normal schools and universities.

(*c*) Do the nursing students in Group I (small training schools) compare favourably in intelligence with those in Groups II and III?

(*d*) Is there, in general, a correlation or correspondence between a high degree of preliminary academic education and a reasonably high degree of intelligence? For instance, if Junior Matriculation, or its equivalent by way of a Nursing Matriculation, were made the standard of admission, would a number of students now admitted to nursing training schools be thereby excluded?

(*e*) What other factors, if any, *e.g.*, personal traits, are as important, or more important, than intelligence in contributing to success as a nurse?

The intelligence examinations used (among the most reliable of standardised group tests) were all given by the Director of the *Survey* and were uniformly administered. The results were all checked, under supervision, by trained university graduate students who knew nothing of the nursing students or the training schools in question. The following statistics require little comment:

(*a*) *Average Intelligence Quotients of Student-Nurses:*

(1) Group I	(3 years) (combined)	90.88 (66 students)
(2) Group II	(3 years)	96.14 (327 students)
(3) Group III	(3 years)	100.33 (311 students)

Five training schools in Group I graded under 90. Two of these training schools graded only 80 and 83, respectively. It is doubtful whether the majority of the students in Group I will make competent nurses, unless they work under adequate supervision. Otherwise we are obliged to assume that even normal intelligence is not a vital factor in competent nursing.

(*b*) *Summary of I.Q.'s According to Preliminary Education:*

No. of Students	Years in High School	Median I.Q.
28	0 years	90
48	1 year	92.272
147	2 years	92.430
201	3 years	95.367
194	4 years (junior matriculation)	101.931
86	over 4 years (senior matriculation)	107.5
704		

Of the students in all the groups combined with 0 years of high school education, only 3, or 10.7 percent, had I.Q.'s of 100 or over. None exceeded an I.Q. of 109. Of those who had only one year of high school education 15, or 31.5 percent, had I.Q.'s of 100 or over. Of those who had 3 years of high school education (junior matriculation) 114 or 58.76 percent had I.Q.'s of 100 or over. Of those who had over 4 years of high school education (senior matriculation or equivalent) 71 or 82.55 percent had I.Q.'s over 100. Of the 22 students, whose I.Q.'s fell between 115 and 120, nineteen (19) or 86.4 percent had at least 4 years of high school education.

It is true, as the intelligence examinations demonstrated, that a few students with low educational qualifications (who had probably been denied the opportunity for an education) had fairly high intelligence quotients: although only one (1) of such students, out of seventy-six (76) with not more than one (1) year of high school education, had an I.Q. over 110. The correlation between the degree of high school education and degree of intelligence is obviously quite

high and not merely accidental. In Group I (training schools connected with hospitals of 50 beds and under), only 3 students, for instance, had I.Q.'s over 110, and, of these three, one had 3 years and the other two over 4 years of high school education.

Fifteen (15) students of Group I had 0 years of high school education and a median I.Q. of 85.63. Eighteen (18) students of Group I had 1 year of high school education and a median I.Q. of 88.75. Hence 50 percent of the students in Group I had only 1 year or less of high school education and median I.Q.'s well under 90. Will such students ever make competent nurses—unless under strict supervision which, at present, is conspicuously lacking?

(*c*) The median I.Q.'s of all students of all groups was 98.2857. In this case Groups I and II obviously reduced the median standard of Group III, which, as previously given, was 100.33. As previously stated, also, the median I.Q.'s of the 86 (out of 704) students who had 4 years, or over, of high school education was 107.5. It is interesting to compare these nursing I.Q.'s with those of other classes of students of similar age or holding similar, or higher, academic qualifications. The following table is illuminating:

No. of Students	Type of Student	Median I.Q.'s
704	Nursing Training Schools	98.2857
400	University of Toronto, First Year Medical	112.
77	University of Toronto, Graduates (O.C.E.), 1922	136.
45	University of British Columbia, Graduates (Students in Education), 1924-25	137.1
1,093	Grade XI Students (males and females), 1924-25, British Columbia	100.9
568	Normal School Students (males and females), British Columbia, 1924-25	104.9
508	First Year Students (males and females), University of British Columbia, 1924-25	113.8

The place of the students of Nursing Education on this list, while not disgraceful, is by no means enviable.

The problem of the selection of the future nurse, involving the question of the quality of the human material, is of paramount importance in a Survey of Nursing Education.

Problems of curriculum reconstruction, of methods of teaching, of the relative amounts of theory and practice, of examination standards, and numerous other matters may be all of secondary importance in comparison with the calibre of the nursing personnel. Even the economic and sociological problems confronting the *Survey* may be largely subordinate to this vital human factor: the intellectual calibre of the nursing profession. Moral and spiritual factors, the health needs of the community, and similar matters must not be overlooked, but merely indulging in ethical platitudes about moral stamina and spiritual values will never lead the way out. It is probably not necessary to be stupid in order to be moral. Moral and spiritual values are more likely to accord with high intelligence than with dullness. Whether the nursing profession will rise to the intended level of its high destinies or degenerate into a commercialised occupation or trades union, will depend, in no small degree, not only on the moral stamina but also on the vision and intellectual calibre of the nursing personnel.

The above intelligence results are offered only tentatively. There may be many other factors, personal traits, etc., that determine success in nursing —as ordinarily adjudged—to a greater degree than the intellectual qualities measured by these tests. Comprehensive studies in this field are necessary before scientific standards of admission, or selection of the student personnel, can be attained.

The Nurse and the Public

Notes on an Address by Dr. G. M. WEIR, Director of the Survey of Nursing Education in Canada.

In the first place, permit me to define my terms. By the "nurse" I mean the graduate nurse: usually of a three-year course. By the "public" is meant all other people, i.e., all those not graduate nurses.

In the second place, it is perhaps appropriate that I should here give a brief account of my stewardship, since formally commencing survey duties on November 1st, 1929, up to June 11th, 1930. A more complete statement of the field and office work is contained in the notes of my address on "Facts, Fiction and Opinion Regarding Nursing Education." A statistical summary may serve as some authority, however slight, for a number of the statements I am about to make. Furthermore, it should be repeated here that these statements are, in the present incomplete state of the survey, not offered as conclusions or recommendations, but are submitted merely tentatively and are subject to modification in the light of fuller information.

1. *Statistical Summary*:

(a) *Miles travelled from November 1st to June 11th on Survey Duties*—15,500, of which 3,500 were travelled by automobile. By using my car I can do over 25 per cent. more work in the same time than if I depended on railways and taxis.

(b) *Conferences, Interviews and Lectures*—Doctors, nurses and the laity— 380, of an average duration of 1½ hours. The field work in Ontario, British Columbia, Alberta, Saskatchewan, and in part of Manitoba, has been completed. In any thorough survey such fieldwork is essential for the provision of the human background necessary for an adequate interpretation of the statistical and other data obtained through questionnaires and other studies. Logic alone will never solve the nursing problem. Logic must be corrected by statistics and the interpretations made in the light of the social need.

(c) *Questionnaires*: General questionnaires for orientation purposes, and specific questionnaires, based on problems raised by nurses, doctors and the laity, were prepared last fall. Certain cost accounting studies were also prepared.

(d) *Intelligence Tests given to date by the Director*: approximately 2,000. These were given to student-nurses.

(e) *Number of Nursing Schools visited*: 90.

(f) *Lessons observed and rated*: In the instruction of student nurses, 45.

(g) Approximate numbers in attendance at meetings of doctors, nurses, student-nurses, the laity, etc., 8,200.

The time spent in office work, answering correspondence, etc., is of little interest at the present time. Needless to say, a survey embracing all the provinces entails a large amount of tabulation and statistical work.

2. *Facts, Principles and Recommendations*:

Some people are apprehensive lest the present survey will result in a mere collection of facts, perhaps carefully tabulated and graphically illustrated. The facts, of course, are necessary as are the bricks in the construction of a wall, but the *Survey* will be more than a mere compendium or enumeration of detail. The *Survey* also involves the interpretation and appreciation of the meaning of these facts. It involves an attempt to interpret the underlying causes and social forces that emerge into prominence in the guise of facts. In other words, the facts are largely symptoms or indications of the somewhat undefined social tendencies: e.g., the movement towards so-called state nursing, that are seeking expression at the

(An address given at the Biennial Meeting, Canadian Nurses Association, June 24th, 1930.)

present time and which it is partly the duty of the *Survey* to crystallise and interpret. Hence the facts must be faced. "An unpleasant truth is preferable to a pleasant untruth." But it is also regarded as part of the function of the *Survey* to offer certain specific recommendations based on the careful interpretation of the data collected. In this connection the experience gained in the fieldwork should prove of considerable aid.

3. *The Attitude of the Public Towards the Nurse*:

On the whole the public attitude is favourable but this statement is made subject to several qualifications. A considerable number of people believe that the Nursing Profession is becoming commercialised, that it is losing the personal touch and the so-called Florence Nightingale spirit. After meeting over three thousand nurses throughout Canada, I am satisfied that there is as large a proportion of self-sacrificing and public-spirited nurses in the profession today as is to be found in any profession. There is as great a Ladyhood of Service, as heroic a Nobility of Nursing as there ever was—though not a few members of the profession are also noted for their lethargy, individualism, and inarticulateness when invited to co-operate in a survey related to their own interests as well as to those of the public.

(a) *The Nurse and the Navvy*: For purposes of comparison, though perhaps somewhat exaggerated, let us compare the average nurse and the navvy, more especially from the economic viewpoint. The nurse on full-time duty in certain localities is frequently expected to work 24 hours a day—with probably 4 hours off duty—for seven days a week, usually without holidays. This means 7 times 20 or 140 hours a week on active duty! The navvy, on the other hand, works eight hours a day for 5½ days a week or 44 hours. The navvy may obtain $3.50 or $4.00 a day as compared with $5.00 received by the nurse. On an hourly basis the navvy may receive 50 cents as against 25 cents received by the nurse.

The work of the nurse entails greater intellectual capacity, more complicated techniques, and greater responsibility. She must be a self-starter, have shock absorbers, snubbers, a sweet smile, and often a strong back. The navvy, on the other hand, has little responsibility. His foreman does his thinking—which the doctor in his brief visits usually does not do for the nurse—and he also possesses a strong back, a healthy appetite, and frequently a fair stock of profanity. Why does the nurse occupy this apparently prejudiced position?

(b) *Two Psychologies*: *Missionary and Emergency.* In early times preaching and healing went together. Christ went about healing and teaching the sick. Medical missionaries and missionary nurses still go to foreign fields. Florence Nightingale was wealthy. She made no charge for her services and who shall say that the so-called Nightingale tradition has been of economic uplift to the modern nurse, who, like any other citizen, willing and ready to work, is entitled to a decent livelihood. While Christ made no charge for his services some mean people, unfortunately, are ready to take advantage of Christ's generosity and take it out on the poor nurse! It is doubtful, then, if this missionary psychology or tradition has helped the modern nurse in her struggle for an adequate livelihood.

Then there is the emergency psychology which is also operative. When people are ill they are temporarily suggestible, even neurotic. They lose their poise, self-control, and composure. The normal or near normal becomes the abnormal. The patient, who often has an exaggerated notion of his condition, has to be humoured. Nurses are dealing with illness, often with crisis and ebbing life in cases where hours on duty and fees are a minor consideration. When people are ill the nurse has to humour them as part of the treatment. When well, they frequently expect humouring

and the nurse becomes the victim. She tends to develop the humouring habit which is largely incompatible with the charging and collecting habit for which certain other professions are more conspicuous. Thus the whole tradition of nursing is foreign to the amassing of even a decent competence. Some commercialisation of nursing services may be desirable. However, let us now turn to a more serious aspect of the nursing situation.

4. *Some Considerations Relative to So-called State Nursing*:

In travelling through Canada, urban and rural, and in discussing the nursing situation with representatives of various organisations as well as with the laity, one can scarcely fail to be impressed with the comparatively widespread idea of state nursing, still in inchoate form, but rapidly becoming more definite and insistent. In my address tomorrow I shall deal with the reactions of a number of doctors and nurses to this rather recent social phenomenon. After all, however, the vital and determining factor in the case is the health needs of the community. What the doctors or nurses may think of state nursing is obviously of secondary importance to the nursing needs of the people. Commissions on health insurance are collecting evidence. The mounting costs of hospitalisation and nursing services—which the *Survey* is studying—are also under review. Moreover, the innovations of today are the commonplaces of tomorrow. Is there handwriting on the wall and can it be read by the doctors and nurses? Or will it be left to the opportunist politician to use state nursing as a vote-catching device? To an extent, of course, state nursing and state medicine exist at the present time. There are Departments of Public Health, Public Health Nurses, Medical Health Officers, and so forth. But people of average means frequently have to pay from $150.00 to over $200.00 a week when special nurses and private rooms are engaged—and this expense is exclusive of the doctors' fees. Sound public policy, it is alleged, demands a change.

To the minds of many people, of course, state nursing is suggestive of bureaucracy, of the Third International, of communism and Red domination. Nor am I at present arguing in favour of state nursing nor belittling the fears of those who conjure up in their minds terrible imagery of the levelling and devastating wheels of a great communistic Juggernaut, the extinguisher of initiative and research, whose ghastly shadow is even now imagined to be overstalking the land.

State intervention in practically any department of life was, however, initially met with similar opposition. In 1833 England embarked on the policy of state education which previously had been regarded, like health at the present time, as an individual enterprise and concern. In 1833 twenty thousand pounds were voted to assist in the erection of school buildings in the larger centres. This policy was vigorously opposed by a number of leading Britishers, including Lord Macaulay, Hume, and others. In the House of Commons, Cobbett denounced the policy as a disastrous attempt to foist upon the public "the schoolmaster and schoolmistress: that new race of idlers!" It is a far cry from the days of 1833 to 1930, when the British Government pays nearly half the cost of elementary education. No longer is such a policy denounced by British parliamentarians as a "French, a doctrinaire plan." After all, if the public pays taxes and receives, in return, state education (which is compulsory in modern communities), why should the public not receive state medicine and nursing on the payment of state health insurance? Furthermore, is there any valid reason to suppose that political intervention would be interjected into state nursing to a greater degree than into state education in Canada?

(a) Has the public some valid *cause for dissatisfaction* with the present system of training nurses, especially in certain hospitals? If such facts as the following were generally known, I venture to say that there would be as great an attempt to protect the public against the inefficient nurse as there is at present against the inefficient teacher.

Let me give you a few facts revealed by the psychological examinations in one section of Canada: in some respects, Canada's most cultured province. In my address, "Facts, Fiction and Opinion Regarding Nursing Education," I shall give you fuller data on this point. In Group 1 (hospital training schools having under 50 beds) 15 students, who had not even completed grade VIII, were accepted as student-nurses. These students had a median I.Q. of 85.63, quite below the normal! Nor were all the ill-equipped students in group 1 given intelligence tests. Eighteen (18) students of group 1 had only one year of high school education and a median I.Q. of 88.75: again quite below the normal! Thus 50 per cent. of the students examined in group 1 had only one year, or less, of high school education and a median intelligence quotient quite below the normal! Who would argue that such students will ever become competent nurses, unless under strict supervision or when someone else does their thinking! Does anyone argue that at least normal intelligence is unnecessary for reasonable success in nursing! Is dullness an asset in the profession! No wonder that some of the instructors, especially the medical lecturers, complain that some of these girls cannot grasp the lectures on theory! Naively and generously they suspect the weakness lies wholly in the theory rather than in part at least, in the intelligence of certain of their students.

Then, too, consider the median I.Q.'s of 704 nursing students, including all groups, as represented by small, intermediate and large training schools. This median was only 98.28. Compare the following: The median I.Q.'s of 1,093 grade XI students in a Canadian province was 100.9! The median I.Q.'s of 568 normal school students in a Canadian province—students of about the same age as the student-nurses—was 104.9! The median I.Q. of 400 first year medical students in a Canadian university was 112! The median I.Q. of a group of students in education (77 in all) was 136 and of another group the median I.Q. was 137.1.

In this list the nursing students, especially in the small training schools, make a comparatively poor showing. Is the public sufficiently protected if such material is permitted to graduate? Under a state system of nursing education, there would probably be more rigid standards of admission, graduation, inspection and supervision of the nurse that would soon make such a condition of affairs a relic of the past. The Sairey Gamps, at least in an intellectual sense, have not yet been eliminated from the field of nursing. Public interest and public policy, as well as the Canadian Nurses Association, will probably cooperate to effect an improvement in the present situation!

The above results are offered only tentatively. There may be many other factors, personal traits, etc., that determine success in nursing, as adjudged by ordinary present-day standards, to a greater degree than the intellectual qualities measured by these tests.

(b) In the interests of the nurse herself and of the public, would it not be advisable that there should exist a system of grading nurses, as in the case of teachers, of continuous employment on regular salaries and probably even some provision for the superannuation of the outworn nurse who has been a faithful public servant? Undoubtedly, there is a place for so-called nursing housekeepers or aids, as well as for the ordinary three-year graduate, for supervisors, administrators, superintendents, instruc-

tors, public health nurses, and various types of specialists and technicians. Under a system of state nursing—properly organised — the selection, education, placement, inspection and supervision of such a nursing personnel could perhaps be more efficiently operated in the interests of the public and of the nurse herself.

(c) *The Selection of the Prospective Nurse*: Obviously this is a phase of the larger problem of educational and vocational guidance now being introduced into modern, up-to-date school systems. During the Junior High School period the prospective nurse should, if possible, be discovered. *Vocational guidance* seeks to discover the abilities, tastes and aptitudes of the student, while *educational guidance* aims to establish the curriculum best suited to the realisation of those tastes and abilities.

Hence the problem of the selection of the future nurse is similar to that of the selection of the normal school student or of the technical, vocational, or other type of student. A modern city school system includes, or should include, the following: A Psychology Department under an expert; a Bureau of Measurements and Statistics; an efficient Health Promotion Department; a Junior High School organisation, in spirit rather than merely in name, with vocational and educational guidance, try-out or exploratory courses that enable the pupils to find their aptitudes, a flexible curriculum and an organisation adapted to individual differences among pupils, probably a nursing matriculation, and, above all, a staff of teachers and administrators imbued with the Junior High School spirit and acquainted with the main details of its organisation. In the economy of such a system, the future nurse—who should be required to have at least normal intelligence — would probably ordinarily be discovered and given the proper leadership.

The initial cost of such a system would admittedly be greater than that of the traditional system; but true economy consists rather in the percentage of dividends received than on the amount of the initial investment. The human wastage under the traditional system seems appalling.

(d) *Number of Training Schools*: In my address on "Facts, Fiction and Opinion," I raise the question whether in a province there should ordinarily be more institutions for the training of student-nurses than for the training of student-teachers. Does Saskatchewan, for instance, need more Nursing Training Schools than Normal Schools? The deciding factor is again the public need, which primarily involves efficiency of training.

The *Survey* is conducting a Cost Accounting Study to discover whether it pays for hospitals of various sizes to staff with graduate nurses or to conduct training schools. If the student-nurse is regarded chiefly as an economic asset to the hospital—which, unfortunately, sometimes appears to be the case—there is a need for state intervention in the interests of the public and of the nurse. If the local community is out of pocket as a result of training student-nurses in an adequate fashion, there is again need for state support of nursing education as such. Should the state leave the training of student-nurses to overworked graduate nurses and preoccupied doctors while it pays practically 100 per cent. of the cost of training the student-teacher?

Again I emphasize the fact that the public, and even certain public leaders, should be educated to realise that the efficient education of the student-nurse cannot be a cheap affair and that the quality of cheap education operates to the prejudice of the public. In the final analysis the public is the chief party victimised through the operation of hand-to-mouth methods of training student-nurses.

There is too widespread an impression to the effect that anyone who has the necessary information can teach student-nurses, that pedagogical training is unnecessary, that the essential process is the purveying of

information to passive recipients. The assumption here is that education consists in a process of absorption rather than of self-activity.

Let us get down to a specific basis. For comparative purposes I rated the quality of the instruction, observed in about twenty-five nursing training schools of various types, with the quality of the teaching of 250 Canadian university students in education. The university students were teaching high school pupils where greater problems of discipline arose than in the teaching of student-nurses. Both classes of students were, on the average, of similar educational qualifications—i.e., of the high school level.

The 20-point scale used in the rating contained the following factors, each of which entered into the computation, and hence there was little likelihood of a snapshot or blanket judgment on the quality of the lessons as a whole. The twenty points on the scale were as follows: Selection of Material; Organisation of Material; Introduction — connection with previous work; Use of Blackboard; Use of Illustrative Devices; Skill in arousing Interest; Skill in Questioning; Distribution of Questions; Provision for Individual Differences—i.e., adaptation of material, etc.; Power to secure pupils' participation in the development of the lesson; Knowledge of subject matter; Concluding Review, summing-up, provision for future work. Also the following eight (8) factors in the general rating of the teacher; Posture, general appearance, etc.; Voice, power of expression; Manner before Class; Initiative and Resourcefulness; Class Control; Certain Routine Factors; Assignment and Supervision of Seat-work; Background of Knowledge.

Obviously, not all of the above 20 factors were applicable to each lesson taught, but the majority of them were. Furthermore, the omission of any irrelevant factors in certain lessons did not affect the percentage ratings.

The average ratings assigned to the instructors of student-nurses, on the basis of the above scale, was 65.5 per cent.—a rather generous view of their somewhat numerous pedagogical weaknesses being adopted. The lowest lesson ranked 39.5 per cent and the highest 86 per cent.

The median ratings of the university students in education, who were more severely penalised, on the whole, for their pedagogical transgressions, was nearly 77 per cent. The Training Schools for Nurses established at a number of our universities are beginning to exert a beneficial influence on methods of teaching—but much remains to be done. The quality of instruction in the nursing training schools, while in certain instances highly commendable, appears to vary almost inversely as the number of such schools. There are some instructors who give most generously of their time and effort, but whose chief claim to distinction as teachers consists in their violation of the Laws of Learning and of nearly every pedagogical principle known to the philosophy of education.

In concluding this section, allow me to place this picture before you: Some student-nurses (more like uniformed housemaids or kitchen help than nurses), of low intelligence, taught by instructors who disregard practically every principle of the educative process! The more scientific selection of the prospective nurse is vital. Properly adapted curricula are essential. But does Canada need fewer training schools for nurses—schools properly equipped and efficiently manned? How would the public decide this question if it knew the facts? What is the attitude of the Canadian Nurses Association? At the present time I do not venture a positive answer to these questions.

5. *What the Patient Thinks of the Nurse*:

In this connection I am giving some tentative information gleaned from the completed questionnaires returned by 70 patients who had received

hospital treatment. This information is obviously more interesting than conclusive at the present stage of the *Survey*.

The size of the hospitals in question varied from under 50 beds to over 850 beds. Fifteen (15) cases were in hospitals with fewer than 50 beds while three patients were in hospitals having over 850 beds. Twelve cases were medical, 47 surgical, 10 obstetrical, while the nature of one case was not specified. Nineteen (19) cases were male, 50 were female, while the sex of one case was not given. The median age of the patients was 38.8 years. The median number of days spent in the hospital was 18.9. The median charge per day was $4.56, with the range from under $2.00 a day to over $7.00 a day. The cases were from the cities, towns, villages, and the country—the majority being from the cities. Fifty-six (56) of these patients were nursed both by student-nurses and graduate nurses. The patients in question were considered by their medical attendants to be observant and fair-minded. Their responses were rated on a 5-point scale and are, where possible, expressed in percentages. The following results, while not always expressed in statistical terms, should be fairly intelligible:

(a) The care given by the student-nurses merited 90 per cent. of complete satisfaction.

(b) The care given by the graduate nurses was slightly better, meriting 92 per cent. of complete satisfaction. Percentages in these cases may appear rather meaningless.

(c) The patients liked the care given by the student-nurses about 97½ per cent. as well as that given by the graduate nurses. The statistics here show that the responses of the patients were at least reasonably consistent with their previous answers.

(d) The care, in general, given by the hospitals merited slightly over 92 per cent. of complete satisfaction.

(e) The leisure time of the attending nurses appeared considerable—perhaps from 25 per cent. to 50 per cent. of their total time on duty. This suggests that group nursing might be feasible.

(f) The patients were, in general, in favour of group nursing: i.e., 70 per cent. of complete approval was expressed.

(g) The person of average means, it was considered, could afford the usual hospital charges, for the time these patients were in the hospital, only "with great difficulty."

(h) Averaging the instances where a private room was engaged with those where a bed was engaged in a semi-private or public ward, the complaint made by people of average means against the alleged high charges for hospital nursing was considerable. Statistically, it might be considered as about 50 per cent. of such a universal and vigorous complaint as might result either in boycotting the hospitals or in state control of nursing services.

The *Survey* is endeavouring to secure further data relative more particularly to the nursing needs (including costs) of people of average means in the more rural areas of Canada. The Prairie Provinces are credited with having more advanced social legislation than is found in Eastern Canada. Their rural nursing needs may, therefore, be relatively less acute than some easterners suppose to be the case.

In conclusion, I wish to thank the leaders among the nurses and all friends who have co-operated in furthering the work of the *Survey*. A large amount of lethargy and indifference among the rank and file of nurses still remains to be overcome. May I ask each nurse present to make a personal canvass of her friends in the profession for the purpose of urging the latter to forward to the central office, as early as possible, the forms they have been requested to complete. No nurse with any professional pride would hesitate to co-operate promptly if she fully understood the objectives of the *Survey*.

News Notes

ALBERTA

MEDICINE HAT: The Graduate Nurses Association held a very successful garden party on the lawn of the nurses residence on July 17th. Music and dancing provided additional pleasure for the many attending.

The sympathy of the Association is extended to Mrs John Tobin in the death of her husband on July 10th.

MANITOBA

BRANDON: In honour of Mrs. C. A. Barager who left for Edmonton at the end of August, the Overseas Sisters were entertained at dinner by Mrs. Robt. Darrach on August 1st. A pleasant evening was enjoyed and a token of remembrance, in the form of a book of verse, was presented to the honour guest. On the resignation of Mrs. Barager as President of the Nursing Sisters Club, Mrs. Hull was elected to that office. Mrs. Barager, her husband and family will be greatly missed by a large circle of friends. Dr. Barager was recently appointed Provincial Psychiatrist for Alberta.

GENERAL HOSPITAL, WINNIPEG: Miss Lillian Lynch (1914), School Nurse of Regina, has been awarded the scholarship by the Saskatchewan Registered Nurses Association. Miss Lynch will study at the University of Toronto.

Miss Mary Reid (1928), has resigned from the staff and has left for Mayo, Alaska.

Miss Mary Cameron (1926), has resigned from the staff.

Miss Grace Cameron, Miss Mary Boyd, Miss Kathleen Yellowlees (all of 1930), are relieving on the Hospital staff for the summer months.

Mrs. P. Surrey (P. Brandson, 1918), of Hartford, Connecticut, and Mrs. J. Pierce (Minnie Cormack, 1912), of Honolulu, visited in Winnipeg during July.

ONTARIO

APPOINTMENTS

WESTERN HOSPITAL, TORONTO: Miss Jean I. Innis (1927), to Red Cross Hospital Bracebridge, Ont.; Miss Coral Devine (1929), night floor duty, Ward 2, Toronto Western Hospital; Miss Florence Campbell (1930), day floor duty, Ward 2, Toronto Western Hospital; Miss Verna Smyth (1930), to Red Cross Hospital, South Porcupine, Ont.; Miss Mary Craig (1927), Miss Jean Dick (1929), and Miss Mary Christie (1929), day floor duty, Toronto General Hospital.

VICTORIA HOSPITAL, LONDON: Miss Myrtle Richmond (1928), assistant in the eye, ear, nose and throat operating room; and Miss Helen McCallum (1929), to the permanent staff as Supervisor of the Infectious Diseases Department, Victoria Hospital, London.

DISTRICT 1

VICTORIA HOSPITAL, LONDON: Miss Mildred Thomas is slowly recovering after a lengthy illness in Victoria Hospital.

DISTRICT 5

WESTERN HOSPITAL, TORONTO: Graduates of the Toronto Western Hospital who demonstrated their interest in their Alma Mater by visiting the hospital and nurses during the holiday season were: Miss Florence Harrison (1911), Superintendent of Nurses, at High River Municipal Hospital, High River, Alta.; Miss Margaret Darling (1924), and Miss Irene Pingle (1924), Albany, New York; Mrs. Leila Ward (1918), Miami, Florida; and Mrs. Jas. Miller, Moose Jaw, Sask. (Evelyn Fisher, 1925).

Miss Evelyn Smith (1927), has been awarded the Alumnae Scholarship for one year Administrative Course, School for Graduate Nurses, McGill University.

Miss Lena Murray (1925), who has been doing private duty nursing in Los Angeles, Cal., is holidaying at her home in Saskatchewan, very much improved in health.

Miss Gladys Sharp (1925), who attended the General Meeting of the Canadian Nurses Association, held at Regina, gives an excellent and interesting report of the entire programme.

DISTRICT 5

The regular meeting of the Registered Nurses Association of Ontario, District No. 5, was held on June 15th, at Weston Sanatarium. After tea, which was served in a lovely spot on the banks of the Humber River, the nurses inspected the hospital. At the meeting in the evening Dr. McConnell spoke on "Some Legal Aspects in Nursing". Tentative plans are being made to hold the September meeting at the Stevenson Memorial Hospital, Alliston. A visit to this small institution, as yet unexplored ground for the majority of nurses in District No. 5, should prove to be an interesting excursion.

QUEBEC

JEFFREY HALE'S HOSPITAL: Miss B. Richardson, Quebec, and Miss B. Adams, Shawinigan Falls, have gone on a six-weeks' trip to the Coast and Western States. Miss L. F. Trenaman, recently operated on, has returned to her home in Nova Scotia for an indefinite time. Miss Elliot has resigned her position as Instructor. Miss M. Lunam has returned after a month's vacation in Ottawa; Miss E. H. McHarg has returned after holidaying for a month in New York, Boston and her home; Miss Flora Ascah is back on duty after two months' vacation at Gaspe, Que.

THE MONTREAL GENERAL HOSPITAL: Miss M. Holt, Superintendent of Nurses, accompanied by Miss E. Rayside, Superintendent of Nurses, Hamilton General Hospital, spent the month of August at Miss Welling's cottage, Shediac Cape, N.B. Miss Welling with Miss Robertson, of the Outdoor Department, and Miss McKenzie of the teaching staff, M.G.H., spent July at Shediac

Cape. Miss J. Webster, night supervisor, was in Winnipeg for August. Other members of the staff who were on vacation recently were: Miss I. Dones, Operating Room Supervisor, who went to the Laurentians, and Miss Murphy, Supervisor of the Outdoor Department, was in Riviere de Loup at her home.

Miss Dorothy McCarrogher sailed for England on August 1st, en route for Zanzibar, S.A., where she will be engaged in missionary work. Miss McCarrogher's position on night duty was filled by Miss M. I. McLeod for the summer months.

Miss Kathleen Knight has resigned from the Immigration Department and has been appointed to the staff of the Social Service Department, Western Division, Montreal General Hospital.

WOMEN'S GENERAL HOSPITAL, WESTMOUNT: The Alumnae regret to announce the death of their Secretary, Miss Margaret Craymer, which occurred at the hospital on July 25th, after a short illness. Miss Craymer, who was a recent graduate, was in charge of the nursery and was preparing to take a post-graduate course in September. Her work at the hospital was much appreciated, and she will be greatly missed by all who knew her.

SASKATCHEWAN

The Saskatchewan Registered Nurses Association annual meeting was held in the Saskatchewan Hotel, on June 23rd, 1930—a one-day business meeting only as the Canadian Nurses Association General Meeting began the following day. It was decided to award the second scholarship: this year's scholarship to assist in a course for Public Health Nursing. The personnel of the Scholarship Committee is Miss R. M. Simpson, Chairman; Miss S. J. Lewis, Miss M. Montgomery, Sister Mary Raphael, Miss M. E. Grant, and Miss C. M. Monroe, Miss Elizabeth Smith, Normal School, Moose Jaw, was elected President of the Association.

The course in public health nursing held at the University of Saskatchewan during July was attended by about forty nurses from different parts of the Province.

The Association, through its scholarship committee, has awarded this year's scholarship to Miss Lillian Lynch, Regina Public School staff. Miss Lynch is a graduate of Winnipeg General Hospital and came to Saskatchewan in 1923 as a school nurse under the Department of Education. She has been on the Regina School Staff for the past two years.

The sympathy of Saskatchewan nurses is extended to Miss Ruby Simpson in the loss of her sister at Neepawa in July.

CITY HOSPITAL, SASKATOON: Miss Minnie Hull (1928), has accepted a position in the Vegreville Hospital, Vegreville, Alta. Among those who took advantage of the lectures given at the University on Public Health were: Misses Elsie Miller (1922), Ethel Grant (1922), Nellie Graham (1924), and Edith Franks (1928). Mrs. W. J. Pulley (Elsie Maloney, 1917), and two sons, Bob and Jack, are holidaying at the Pacific Coast. Excavation for the new Nurses Home at the City Hospital has begun.

The many friends of Miss Edith Franks (1928), will be sorry to hear that she is a patient in the Saskatoon Sanatorium.

The nurses of the Saskatoon City Hospital, clad in uniform, attended the funeral of Miss Myrta Magdalene Henderson on August 6th. Miss Henderson, who died on August 5th after a short illness, graduated this year from the Saskatoon City Hospital, and was well-known and popular among her fellow-nurses. Many of the doctors under whom Miss Henderson had served attended the funeral services.

BIRTHS

BRITTON—On July 22nd, 1930, at Toronto, to Mr. and Mrs. H. S. Britton, Newcastle, Ont.(Jean McKenzie, Toronto Western Hospital, 1917), a son.

BOX—On July 15th, 1930, at Toronto, to Mr. and Mrs. Evan Box, Rouyn, Ont. (Beatrice Braden, Toronto Western Hospital, 1922), a son.

DRINNAN—On July 31st, 1930, at Vancouver, B.C., to Mr. and Mrs. A. W. Drinnan (Nan B. D. Hendrie), a son—John Hendrie.

LEGH—On July 9th, at Winnipeg, to Mr. and Mrs. F. C. Legh (M. Gosling, Winnipeg General Hospital, 1928), a son.

MATHERS—On August 8th, 1930, at Winnipeg, to Dr. and Mrs. A. T. Mathers (G. Goulding, Winnipeg General Hospital, 1918), a daughter.

SMITH—On July 25th, 1930, at Premier, B.C., to Mr. and Mrs. Bert Smith (Helen Watt, Winnipeg General Hospital, 1920), a daughter.

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word if a hard one. Like the olive on my little tray, it has a clean taste—though perhaps an acquired one.

At the risk of being thought sentimental I should like to refer, in closing, to our need of a sense of human values. Whether the English are right about us or not, we in Canada cannot ignore human values even if we would. We tend the flame of life at its beginning, in its full blaze, as it wavers, as it dies out forever. It is not a common task we do and it cannot be governed entirely by inflexible scientific or professional standards. Something more subtle is needed: *A Sense of Values.*

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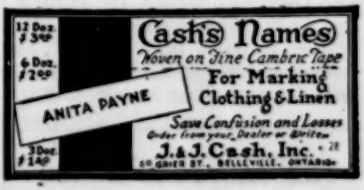

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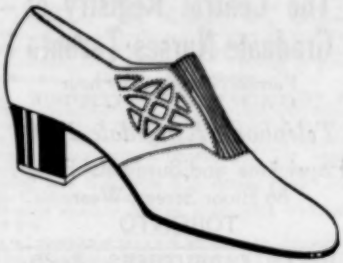

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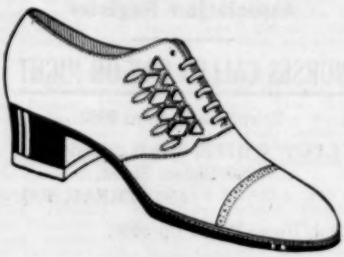

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